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CHEMIST & DRUGGIST

The newswweekly for pharmacy

September 21, 1991



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CHEMIST & DRUGGIST

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RETAIL CHEMIST
& PHARMACY UPDATE

Editor: John Skelton, MRPharmS
Deputy Editor: Patrick Grice, MRPharmS
Assistant Editor: Robert Darracott, MRPharmS
Contributing Editor: Adrienne de Mont, MRPharmS
Business Editor: Zachary Goldring, MSc
Technical Editor: Charlotte Coker, MRPharmS
News Editor: Jane Feely, PhD, MRPharmS
Beauty Editor: Sarah Purcell, BA
Reporter: Jacqui Brommell, MRPharmS
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Assistant Advertisement Manager:
Doug Mytton
Advertisement Executives:
Julian de Bruxelles
Pauline Borda
Production: Shirley Wilson
Publisher: Ronald Salmon, FRPharmS
Director: Felim O'Brien
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Comment

Health promotion was the buzz word as far as community pharmacy was concerned at last week's BPC. Without a shadow of doubt community pharmacy has a great deal to offer both the Government and the public in this area and RPSGB president David Coleman was quick to point this out in his opening address. He is right: pharmacies are readily accessible, highly visible, have a regular high volume of traffic, and could provide an informal focal point for a whole variety of health promotion related topics. The disappointment must be that so far the Government appears to have overlooked this particular resource. The Government's target areas for health promotion — smoking, drinking, drug abuse and AIDS, unwanted pregnancy and healthy diet — are subjects any competent pharmacist is familiar with.

Barry Andrews, managing director of Moss Chemists, indicated that public realisation of pharmacists' involvement in this area is low (p484), but it must be realised that health promotion, while perhaps a new concept for pharmacists, is intimately linked with the well-accepted advisory role the public already appreciates. It is not a new role, merely an adaption of an existing one to changing times. The question of remuneration inevitably raises its head here, but there seems to be a growing realism among contractors that there

really is no "Catch 22" situation: no government is ever going to "pay" up front for such services. Rather it will dribble funds to address areas of need. The benefit is there: pharmacists will secure a higher public profile and greater kudos within the healthcare team, crucial for the long term health of community pharmacy. But it is up to pharmacists to prove their worth. Here FHSA's are beginning to take an active interest in helping their contractors — witness the High Street Health scheme in Barnet, and the initiatives from Liverpool and Sheffield LPCs. Life is what you make it, and at a local level it needs to be, to use the jargon term, pro-active.

Overlying any local initiatives are the corporate policies of the large multiples. The public perceptions of pharmacy are often governed by the appearance of their outlets. It is important that the Society is able to reach a consensus with them, in line with its thinking on the future of the profession. But what happens when a company's premises and standards of practice do not measure up? The proposed inclusion into the Code of Ethics of a standards package may raise the lowest common denominator, but to be a credible base for health promotion the right image is important. Credibility is the key word. A pharmacy should never aspire to look like a drugstore if it wants to be taken seriously.

14 Barnet pharmacies in pilot health education scheme

Barnet Family Health Services Authority is launching a pilot scheme for health promotion in community pharmacy.

Fourteen local pharmacists are undergoing intensive training for the High Street Health scheme, which will be officially launched by Health Minister Virginia Bottomley on November 27. The pharmacies will be accredited by the FHSA and will have window stickers saying that health promotion training has been given.

All pharmacies in the area had

the chance to participate. The 14 were chosen because the pharmacists could attend the first training course of six days, covering health promotion principles and communication skills, plus study days on topics such as diabetes, asthma, heart disease, etc. The FHSA hopes to repeat the course and involve more pharmacists as the scheme progresses.

High Street Health, a joint venture between the FHSA and the professions, was set up following agreement between the Local

Pharmaceutical Committee and Local Medical Committee. "We look on it as complementary to existing health promotion advice," an FHSA spokesman told C&D. There had been much enthusiasm for the idea.

• The Royal Pharmaceutical Society is hoping to publish a "Handbook on Pharmacy Health Education" in November. Aimed at community pharmacists, the hard-backed book will cover such topics as diet, dental health and the misuse of drugs. The price has not yet been decided.

Contact lenses and blindness

People who may wear contact lenses are 80 times more likely to suffer from a disease that may cause blindness, according to researchers at Moorfields Eye Hospital.

Microbial keratitis is an acute corneal disease, which is potentially blinding. It is caused commonly by bacterial infection. Until the widespread use of contact lenses, it occurred in eyes that were predisposed to infection due to trauma or existing conditions.

The study found that overnight wear soft contact lenses carry a significantly higher risk than gas permeable hard lenses (relative risk 21). The relative risk for daily wear soft lenses was 3.6 and for polymethylmethacrylate hard lenses 1.3. Continuous periods of contact lens wear for more than six days was associated with increased risk.

Internal strife — a warning

It is inevitable that while doctors are encouraged to profit from dispensing, pharmacy will be in a confrontational situation with them in areas of population growth, David Coleman said at the Conference banquet last Wednesday in Chester.

The Royal Pharmaceutical Society president, while striking a conciliatory note and warning pharmacists against being drawn into damaging confrontation with each other, also chose to highlight the "second best" service offered by dispensing GPs.

The strength of a profession depends on its members, said Mr Coleman. "Are they colleagues or competitors? If competitor first and colleague second, co-operation becomes difficult. So long as we regard our fellow pharmacists as colleagues, as a proprietor in a community pharmacy or as an employee of a public limited company, then we can progress.

"I am not decrying competition. I am extolling co-operation. In the years ahead we can and must be colleagues first and avoid allowing ourselves to be drawn into damaging confrontation with each other. We have more than enough external pressures to overcome without intra-professional strife."

It is a time of rapid change brought on by financial and demographic factors, and there may well be painful adjustments to be made, Mr Coleman warned. The recent census shows that in the last ten years some regions such as East Anglia and Cambridge have seen population growth of 7.5 and 10 per cent. Metropolitan areas as a whole have seen a 7 per cent fall.

"Pharmacy should respond to the needs of these areas of growing

population. One might expect the extra 68,000 inhabitants of Cambridgeshire to require another 15 pharmacies," said Mr Coleman. "But in achieving that, a confrontation with the 'trading doctors' of the medical profession occurs because as new people have moved to those areas, GPs have seen them as a source of extra income from dispensing profits.

"It is inevitable that while doctors are encouraged to profit from dispensing, pharmacy will be in a confrontational situation with them in areas of population growth. And yet all pharmacists are seeking to do is establish the normal situation where members of the two professions contribute their particular expertise. Any other arrangement is second best."

There is also a duty to maintain a service in inner cities, said Mr Coleman. The Government has recognised that deprived inner cities require special consideration. Schemes to support service in these difficult areas are urgently needed. They may include help to relocate, incentives to amalgamate, and help in dealing with vandalism and drug problems.

Mr Coleman re-iterated that pharmacists have a key role to play in health promotion. Their potential has been seriously under-utilised in the past, he said. But he warned the profession must remain true to itself. "If we are unhappy about the scientific basis of a treatment we must not endorse it. Our strong case for the removal of Prescription Only controls from a wider range of effective medicines will be undermined if we are influenced by product promotion rather than expert knowledge."



Royal Pharmaceutical Society president David Coleman (right) and Conference science chairman Dr Eric Tomlinson (left) with guests Sir Donald Maitland (second left), chairman of the Health Education Authority, and Sir Donald Wilson, chairman of Merseyside RHA. Sir Donald Maitland spoke of the "entirely appropriate shift from better health care to better health and better care", heralded in last year's Green Paper "The Health of the Nation". In the future there will be a widely endorsed prescription for the prevention of disease and the promotion of health, he said. "It will not be long before the emergence of a five point code for healthy living which citizens will consider it in their interest to adopt. This will cover: not smoking; using alcohol sensibly; following a balanced diet; taking regular exercise; and learning to manage stress. A code of this kind would address the most serious causes of premature death and morbidity in this country." Pharmacists' potential for developing their role in health prevention is evident from the fact that six million people visit a pharmacy each working day, Sir Donald said

Demographic time bomb may be damp squib

The so-called "demographic time bomb" may not be as serious a threat to the UK as has been widely predicted, according to the latest in the Association of the British Pharmaceutical Industry's "Agenda for Health" series of reports.

Health economist William Laing and former researcher Dr Mike Hall predict that only a small increase in resources will be needed by the acute healthcare services to keep pace with demographic change in the 1990s. The prospects for long term "care" services, however, are less optimistic. Calculations imply a need for a 17 per cent increase in

social care resources to keep pace over the next 10 years.

The 20th century has seen an unprecedented increase in the proportion of the population aged over 65. This has now levelled off and the 1990s will be the first decade this century to see a decline in Britain's pensioner population.

The big demographic change in the 1990s will be a sharp rise in the very elderly population — aged 85 or over. This will continue in the first decade of the 21st century.

The next pensioner "bulge" will not really hit the economy until the second decade of the 21st century.

Gnosall application rejected

Staffordshire Family Health Services Authority has rejected an application for a pharmacy in the village of Gnosall.

A spokeswoman for the FHSA told *C&D* that, at an oral hearing last week, the Authority decided the application would prejudice the provision of pharmaceutical and medical services.

The applicant, Burntwood-based pharmacy Olivemild, now has a month to appeal against the decision. Nobody from Olivemild was available for comment as *C&D* went to Press.

The application had met strong opposition from local residents. A spokeswoman for the local community health council, which opposed the pharmacy, said it had received over a thousand letters of opposition to the pharmacy.



Professor Paul Spencer, science chairman for the 1992 British Pharmaceutical Conference in Birmingham, is invested with his chain of office by outgoing chairman Dr Eric Tomlinson. Professor Spencer, head of the Welsh School of Pharmacy, congratulated Dr Tomlinson on the "dramatic revival in the science programme the BPC has seen this week". He said the programme put together had been quite amazing, with world class speakers and the direction of the Conference sessions — the new biologics — all down to Dr Tomlinson's foresight

'Quality of life' theme for next BPC

Next year the British Pharmaceutical Conference will be held in Birmingham from September 7-10.

The Conference theme will be the "Quality of life", with that of the science session "New medicines are better medicines", chairman of the organising committee Robert Leach told the Merseyside BPC closing session.

Mr Leach promised a full and interesting conference programme while science chairman Professor Paul Spencer promised to "keep up the science tradition". The Conference will be based at the University of Birmingham.

Unusually, the BPC will precede the FIP Conference, which next year is held in Lyons. The 1993 BPC will be run by the Chiltern Region at Reading.

Suspended jail term for four who supplied addicts

Four pharmacists from two pharmacies in Bradford have received suspended jail sentences after pleading guilty to various offences involving the supply of Controlled Drugs, including methadone.

Harjit Singh Matharu, of Wayland Drive, Leeds who ran H S Chemists on Carlisle Road, Manningham, pleaded guilty at Leeds Crown Court recently to 24 charges, including 19 of supplying various drugs to addicts, two charges of failing to store drugs safely, and charges of failing to keep proper records, failing to label dangerous drug containers and false accounting. He was sentenced to two years imprisonment, suspended for two years.

After a separate hearing, David Wildman of Rushden, Northants, who admitted five counts of supplying quantities of Class A drugs other than prescribed and one count of false accounting, and David Dan Goody of Skircoat Green Road, Halifax, who pleaded guilty to eight counts of supplying drugs other than directed on prescription and one of false accounting, were each sentenced to 12 months, suspended for two years. And Shahid Jawed Amin, of Leyburn Grove, Shipley, who admitted 17 offences, including seven of supplying drugs and nine of breaching prescribing rules, received 15 months, suspended for two years. All three worked at the Redchem pharmacy in Oak Lane, Manningham.

Sentencing the men, Judge Colin Kolbert said all had problems dealing with addicts who went into

their shops to get prescriptions for drugs. He said Harjit Matharu had "become trapped in a vicious circle of his own creation" when addicts found out he was a pharmacist who might be persuaded to bend the rules.

According to the *Bradford Telegraph & Argus* the hearings followed a long police investigation, in which police officers had gone undercover to pose as drug addicts. Helped by a senior doctor at Bradford Royal Infirmary, three officers from outside the district became registered addicts, attended addiction clinics and received prescriptions, which they took to Mr Matharu's pharmacy.

After the police officers began to

receive methadone supplies outside the terms of the prescriptions they had taken along, Mr Matharu was arrested, and the addicts then focussed in on Redchem.

And it was when a Royal Pharmaceutical Society inspector visited Redchem and found addicts in the dispensary area with the pharmacist that the police switched their attention to the second pharmacy.

The judge said Mr Amin had shown naivety when he dealt with addicts, while Mr Wildman's personal problems may have affected his ability to stand up to the addicts. Mr Goody had inherited the problem when he took over from Mr Wildman at Redchem.

Pharmacists in Bradford have for more than a year been asked, in certain cases, to supervise the taking of prescribed drugs by addicts. Local Pharmaceutical Committee secretary Dick Hazlehurst told *C&D* a number of addicts were now prescribed for on a daily basis, with the taking of all or half of the daily dose being supervised in the pharmacy.

Wingfield to Nottingham?

Joy Wingfield, who handles ethical matters and agricultural and veterinary affairs within the Royal Pharmaceutical Society's law department, is planning to take up a new position with Boots The Chemists within the pharmacy superintendent's office, *C&D* understands.

Boots' "were unable to comment" on the rumour.



Wirral FHSA supports assistant training

Wirral Family Health Services Authority is providing funding to allow each of the 83 pharmacies in its area to send a member of staff on the NPA's medicines counter assistant training programme. Non-funded places on such courses normally costs £105.75. The Wirral course will involve six sessions, each of two and a half hours.

The decision follows representations by LPC member Sheila Chantler to a recent meeting of the FHSA's training forum. Mrs Chantler has already organised two MCA courses and will be co-ordinating this one, which starts mid-October and runs for six weeks.

Wirral contractors have been sent details of the initiative this week, with application forms. The course is to be run using the FHSA's own training rooms, and either day or evening options are available. Further details are available from Mrs Chantler (work 051-648 1606 or home 051-342 2344).

In the letter to pharmacists the FHSA's pharmacist adviser Claire Dutton says: "This initiative has been taken by the FHSA as part of its key role in facilitating service development, and recognises the valuable contribution that community pharmacists and their staff make to healthcare".



Sheila Chantler, Wirral LPC

Hint of extended exemption for scripts

The Prime Minister John Major has hinted that the categories of patients entitled to free prescriptions may be extended.

He said in London on Tuesday evening at a function for nurses that the Government: "will continue to offer free prescription charges so that only those who can afford to do so will make a contribution to the cost of medicines."

Labour leaders interpreted the Prime Minister's words as confirmation that the Government will continue its policy of making annual increases in prescription charges to take account of the rising cost of drugs to the NHS.

Mr Major also envisaged an increasing role for private medicine through collaborative arrangements with the NHS.

As election fever continued Labour launched a nationwide poster campaign on Wednesday featuring the NHS as a skeletal figure as a result of the Government's privatisation policy.

GP supports independents over script collection

Support for the independent pharmacist in the light of Boots' plans to launch a repeat prescription collection service, has come in the editorial columns of *Mims Magazine* (September 15).

General practitioner Andrew Herd says that although the service would offer some advantages, doctors would lose if independent pharmacies were to go out of business.

"We are well served by the independent chemists," he writes. "I can't help feeling that in the absence of their advice to the public, my waiting room might be bursting with folk suffering from unspeakably minor illnesses." The pharmacist's role in picking up adverse drug reactions was also appreciated.

"I know independent pharmacies have their faults and I have a high regard for Boots. But I don't like the supermarket mentality. Eventually lack of competition encourages a sullen conformity," he says.

● Concern over Boots' move on repeat prescriptions has prompted pharmacists in Paignton, Devon to band together to form the Paignton Independent Pharmacists Association. The group has taken steps, including newspaper advertisements, to let the public know Boots service is not unique.

Janssen's mobile computers

Pharmacists, doctors and health service managers can now make use of Janssen's mobile medical education and information units.

Each unit has a separate lounge area where meetings for up to 15 people can be held; coffee and tea making facilities have been included.

Six computer terminals are provided in each unit. A variety of software is available, including

educational programs and disease and practice management programs, and databases with clinical and drug information.

There are two units at present, which can be booked by phone, for periods of up to one week. More units will be made available if these are successful.

Further details from regional medical development manager Sadie Hartley on 0235 772966.

Pharmacist bailed on CD theft charges

A pharmacist facing charges under the Misuse of Drugs Act and charges of stealing almost £5,000 worth of goods — including Controlled Drugs — from her employers, was granted unconditional bail until September 26 at Marlborough Street Court in London last week.

Miss Janet Lentzos, aged 38, of Putney Bridge Road, Putney, is charged with stealing 200 Dexedrine tablets on diverse dates between January 6 and April 17 this year, at Curtis Chemist in Baker Street, Marylebone. She is also

charged that, having obtained 66 morphine sulphate tablets at the same pharmacy on April 10 and 200 Dexedrine tablets on April 15, she failed to enter details of the transactions in the Controlled Drugs register.

Miss Lentzos is also charged with stealing £2,490 worth of perfume from the pharmacy on dates between January 6 and April 17 this year, as well as a £900 camera and lens, and £29.66 worth of toiletries from the Brockwell Park Pharmacy in Half Moon Lane, Herne Hill.

D&TB on salmeterol

Salmeterol is a promising drug but its regular use in patients not given corticosteroid prophylaxis is questionable, concludes the latest *Drug & Therapeutics Bulletin*. The Association publication says that Glaxo's nationwide post-marketing surveillance study of Serevent includes patients who are not on prophylactic treatment, contrary to British Thoracic Society guidelines. It calls on Glaxo to amend the protocol and advise participating GPs to consider the BTS guidelines.

Abortion leaflet

The Birth Control Trust has published a leaflet on early abortion, entitled "Abortion. Options up to 12 weeks". It explains surgical abortion, the "abortion pill" RU486, the legal position of abortion in Britain and what agencies can be contacted for help. For further information contact Wendy Smith on 071-580 9360.

Mersey — low HIV

Merseyside has the highest rate of drug addicts in treatment but the second lowest rate of HIV infection, according to a new Office of Health Economics report. This is one of the few positive facts in the report; the main conclusion is that governments and health authorities have been slow to learn from each in attempting to control the worldwide spread of Aids. "Aids: Worldwide policies and problems" (£3) by Mildred Blaxter, is available from the OHE, 12 Whitehall, London SW12DY.

Tobacco warnings

"Smoking kills" will appear on tobacco packs from next year following a new agreement between the industry and the Government. Among the other new warnings, which will now appear on branded advertising on company vehicles too, are: "Smoking when pregnant harms your baby" and "Protect children: don't make them breathe your smoke".

Child smokers up

New figures from the Office of Population Censuses and Surveys reveal that, in 1990, 10 per cent of 11-15 year-olds in England and Wales, and 12 per cent of 12-15 year-olds in Scotland, smoked regularly (at least one cigarette a week). Health Minister Virginia Bottomley said the figures were "disappointing", although the apparent increases in smoking are not statistically significant.

Antioxidant research

The Ministry of Agriculture, Fisheries and Food has announced that it is to spend £1.65m over three years on research aimed at establishing the quantities of antioxidant nutrients, including vitamin E: grants have been awarded to eight research groups. This follows the recent COMA recommendation that the area of antioxidant protection against heart disease and cancer should be kept under review.

Swift action on scabies

The current epidemic of scabies infections highlighted by Dr John Maunday of the Cambridge Medical Entomology Centre (*C&D* September 7, p356) has prompted swift action by South Tyneside District Hospital.

The hospital's unit general manager, Dr A. Mahmood, and Dr B.A. Malik, consultant in public health medicine, have issued a fact sheet asking the public to co-operate with doctors and nursing staff to enable outbreaks to be contained as soon as possible.

"In October 1990," says the letter, "scabies was diagnosed in a ward for the elderly in South Tyneside General Hospital. Since then there has been a steady increase in the number of cases reported in the South Tyneside area."

To stem the spread of the condition, doctors at the hospital decided in August to take vigorous action with the co-operation of patients, visitors and staff. "You can have confidence in South Tyneside District Hospital" ends the letter.

Boots' arthritis initiative

Boots Pharmaceuticals have developed an initiative for pharmacists designed to enable them to bridge the gap between information on arthritis and arthritis sufferers. 59 per cent of whom only ask their doctors.

"Self-help in arthritis" is part of a much broader initiative — Joint Ability — which Boots developed earlier this year for GPs and their patients.

Pharmacists can obtain copies of a booklet, "Information handbook for people with arthritis", which gives details of self-help groups, Government publications, motoring and mobility and young people's organisations, from Boots' marketing department.

The handbook carries a detachable card which sufferers can use to order a video called "Getting on with life". This explains what professional help and support is available to arthritis sufferers, the importance of a healthy diet and gentle exercise, and how to get the most from their doctor. The video costs £4 (audiotape £3).

Boots' initiative is the latest of a number of activities that have focussed on arthritis this month. Last week was Arthritis Care Week, and Seven Seas also launched their national campaign "Force against arthritis". This month's Pharmacy Healthcare leaflet is "Arthritis — Food for thought". Further copies can be obtained by writing to Arthritis Care, 5 Grosvenor Crescent, London SW1X 7ER.

Degrees — four into three years will go?

One of the drawbacks to higher education has always been the apparent poverty of most students compared with their A-level school leaver friends, whom they enviously see roaming the countryside in their XR3's only a year after leaving school and finding employment. Pharmacy students are no more immune to these bouts of envy than their friends studying for other degrees, but with the never ending expansion of the degree content, a fourth year appears a strong probability. Will the financial pressures then be too much for some to bear?

One suggestion to overcome the problem has been the advocacy of fast track degrees (*Guardian* September 13), with a non-pharmaceutical polytechnic pilot scheme starting next year where the traditional 30-week year has been changed to one of 44 weeks, enabling the student to finish their first degree in two years. If the student is able to withstand the pressures of such a concentrated course, the idea merits further consideration, but only if the grant system is changed to accommodate the inability of the student to work his way through college. In pharmacy the advocates of a longer degree could then be satisfied, while the degree itself was kept to three years.

Wholesaling — 'We three kings of...'

The referral of the Unichem bid for Macarthy to the Monopolies and Mergers Commission accepts that, for all practical purposes, there are now only three pharmaceutical wholesalers operating in England, Scotland and Wales. The newest of these players is Medicopharma who, having digested the wholesale arm of Macarthy, are now competing directly with both Unichem and AAH.

All the wholesalers operate on

very slim margins, but their service is invariably extremely efficient and competitive in order to eliminate the need for the retailer to use a third or even a second wholesaler. This is a difficult war to sustain since the activities of "short liners", in particular, mean that the "topping" of their deliveries is always being undermined by purchases made elsewhere at transient but better prices. In the OTC market this competition is tackled by the promotion of own-brand lines, with Unichem and AAH having established an enviable reputation with their "Pointer for value" and "Vantage" schemes.

Medicopharma have inherited the much weaker "Numark" concept and will remain vulnerable unless they can "tie in" their accounts to the point where seeking OTC alternatives itself becomes uneconomic for the pharmacist.

One way of "tying" an account has been to supply dedicated computer systems whose main economic advantages are only achieved if a single wholesaler is used. Last week Medicopharma launched such a system (*C&D* September 14, p404), with the revolutionary claim of automatic endorsement and re-ordering such that profits are maximised. What, in effect, the system seems to require, is a discipline of re-ordering which, when totally transmitted to the wholesale depot, will produce accurate statistical analysis of the pharmacist's account with the NHS. The throw away carrot is that the system will eventually be integrated into a counter EPoS system which will then allow complete computerised control of the whole business.

Many computer Utopias have been designed in the past which have never achieved the results promised. This system may eventually qualify for an award in this category, particularly as the EPoS connection is still over the horizon, but the economic logic of its launch is unquestionable and the public analysis it is inviting at Chemex may allay my natural caution.



A model in triplicate?

The idea of a triplicate prescription form has been discussed between the pharmaceutical and medical professions and the Department of Health for almost longer than I care to remember, without any agreement on its implementation or even on the timing of a pilot study. Its revival could be a constructive way of tackling the recently highlighted problems of repeat prescription collection services, particularly in view of the recently introduced scheme in Eire, where few problems have been reported (*C&D* September 14, p405).

The primary aim of the form is to cut down on waste and to reduce the number of unnecessary visits made by patients to surgeries. The patient would then have a genuine choice as to whether they left the two repeat elements of the form at a specific pharmacy, or whether they personally retained them. As an added bonus, the pharmacist can be involved constructively in monitoring the usage of the drugs, to ensure compliance of regular medication or the necessity for a repeat of "prn" medicines, with information conveyed to the surgery where required. A far more elegant and professional system than the present undignified commercial scramble for custom and one which the Pharmaceutical Services Negotiating Committee must now actively pursue.

Topical REFLECTIONS

Scriptspecials

Lederfolin plus 5-FU for colorectal cancer

Lederfolin, Lederle's high dose 350mg vial of calcium leucovorin (calcium folinate) powder for injection, is now licensed for enhancement of 5-fluorouracil (5-FU) cytotoxicity.

Calcium leucovorin increases the thymine depleting effects of 5-FU resulting in enhanced cytotoxic activity. Clinical studies in advanced colorectal cancer have shown that this combination is more efficacious than 5-FU alone.

The dosage is 200mg/m² given by slow intravenous injection over at least 3-5 minutes followed immediately by 5-FU at an initial dose of 370mg/m² intravenously. This schedule should be given daily for five days and may be repeated every 21-28 days.

The toxicity profile of 5-FU is enhanced by calcium leucovorin in the combination regimen.



Leucopenia, mucositis, stomatitis and/or diarrhoea are the most common side-effects. **Lederle Laboratories. Tel: 0329 224000.**

Micturin withdrawn

Kabi are temporarily withdrawing Micturin (terolidine) following new reports of the *torsades de pointes* variety of ventricular tachycardia.

The Committee on Safety of Medicines warned of this connection in July: since then cases of adverse reactions have continued to be reported, including fatalities.

Although the association of these reactions with Micturin is still being evaluated, Kabi have decided on a voluntary basis to temporarily withdraw the drug worldwide to avoid exposing patients to a risk.

Doctors are being advised to identify patients currently on Micturin and switch them to an anticholinergic as soon as practicable.

Caution is advised as they will need to allow time to wash the drug from the system — two to three weeks on average, but it may be as long as six weeks.

Pharmacists are being asked to return stocks of Micturin (formerly Terolin) through their normal wholesalers. **Kabi Pharmacia. Tel: 0908 661101.**

'Hypo' debate continues

Two weeks after a *Lancet* study reported no difference in patients' responses to human and animal insulin (C&D September 7, p357), a paper in the *British Medical Journal* has contradicted these findings.

Researchers in Berne, Switzerland, performed a case-control study of insulin dependent diabetes patients who were admitted with hypoglycaemia in eight hospitals between 1984 and 1987.

They found that treatment with human insulin at admission was more common in cases than in controls (46 per cent compared with 34 per cent). Additionally, 90 per

cent of admissions taking human insulin had been transferred from animal insulin.

The rate of hypoglycaemia in those on human insulin was 2.4 times the rate in those on animal insulin; taking into account other risk factors for hypoglycaemia it rises to 3 times.

This study offers evidence that transfer to human insulin may increase the risk of severe hypoglycaemia, say the authors: "Patients' treatment should be changed only under a doctor's guidance, and not in the pharmacy because porcine preparations have become unavailable."

Betnovate pump

Glaxo are introducing 100g pump dispenser units of Betnovate cream and ointment.

The pump dispenser has been developed to provide an accurate measure of Betnovate, thus helping patients to use it correctly, say Glaxo. Research has shown that different people interpret directions to apply "sparingly" differently. This, together with the lack of understanding of the nature of topical steroids, leads the majority of patients to under-treat, rather than use an optimum dose, say Glaxo.

Pressing the top of the dispenser unit as far as it will go produces 1g

of Betnovate. The unit comes with an "easy to understand but detailed" patient information leaflet which includes a guide to dosage for patients. This is explained using a diagram of a human outline and a recommendation of how many pumps of cream or ointment will cover a particular surface of skin. For example, three pumps would treat both arms or one leg.

The dosages, contra-indications, and side-effects for Betnovate remain unchanged. The 30g and 100g tubes remain available. The pump dispenser costs £4.45 (trade). **Glaxo Laboratories Ltd. Tel: 081-990 9444.**

Wright meter on DT

The low range Wright pocket peak flow meter will be available on the Drug Tariff from October 1 (£5.85 trade). It covers the range 50-400l/m and provides a high degree of accuracy for patients whose peak expiratory flow falls within these lower levels. It is supplied with both paediatric and standard mouthpieces. **Ferraris Medical Ltd. Tel: 081-807 3636.**

Lilly pack changes

Lilly are changing the pack sizes and presentations of the following products: Prozac 20mg capsules, previously in 28s, now come in two strips of 15 (30 £32.05); Distaclor 250mg capsules (previously 20s) in three strips of seven (21 £10.83); and Keflex capsules and tablets, previously in 20s, are in 28s — four strips of seven — (250mg £3.57, 500mg £6.97, all prices trade). **Lilly Industries Ltd. Tel: 0256 473241.**

Dexedrine to Evans

Evans have acquired Dexedrine tablets 5mg (100s) from Smithkline Beecham. They are re-introducing isoniazid tablets 50mg (250 £3.50) and 100mg (100 £1.52) and streptomycin sulphate for injection 1g (10 £56.17, all prices trade). Temporarily withdrawn are quinine sulphate tablets 300mg (250s) and 125mg (100s), amyl nitrate vitrellac 0.2ml (12s) and diphtheria and tetanus vaccine adsorbed 0.5ml ampoules (10s). All stocks are exhausted and all back orders have been cancelled. **Evans Medical Ltd. Tel: 0582 608308.**

Changes to Ceanel

Quinoderm are improving the colour and smell of Ceanel concentrate. It is now a much paler golden yellow and no longer includes a masking fragrance. There are no other changes to the formulation. The first affected batch numbers are: 50ml CC1229, 150ml CE1148 and 500ml CF1152. **Quinoderm Ltd. Tel: 061 624 9307.**

Lacrilube confusion?

Allergan wish to point out that the Lacrilube ophthalmic ointment formulation introduced in April is

preservative-free, and replaced the preserved formulation. At the same time they introduced a more economic 5g tube which is also preservative-free. **Allergan Pharmaceuticals. Tel: 0494 444722.**

Topal to Innovex

Innovex Medical are taking over the marketing of Topal from ICI, and will be using Farillon as distributors. They are currently restocking the distribution chain and say that recent supply problems will be overcome shortly. **Distributors: Farillon Ltd. Tel: 04023 76554.**

Generics' dothiepin

Sigma are distributing the following products on behalf of Generics UK: dothiepin 25mg, packs of 100 red/brown capsules in glass bottles with child resistant closures, and dothiepin 75mg, blister packs of 28 red, sugar-coated tablets in two strips of 14. Initial offers are available through **Sigma Pharmaceuticals Plc. Tel: 0923 50201.**

Freephone Kent

Kent are now operating a Freephone order line service on 0800 220280, which is available 9am to 5.30pm Mondays to Fridays. All other inquiries should continue to use the general number 0223 641802 (24 hours). **Kent Pharmaceuticals.**

Polycrol difficulties

Roche are experiencing production difficulties with Polycrol Forte gel and Polycrol gel, and are not able to meet orders for them at the moment. Production will be resumed as soon as possible. **Roche Products Ltd. Tel: 0707 328128.**

Ocusert Pilo to Cusi

From Monday, Ocusert Pilo — a controlled release pilocarpine system for treating glaucoma — will be marketed and distributed by Cusi. Further information is available from **Cusi (UK) Ltd. Tel: 0428 61078.**

Orson Welles



Tau-Marin is a new range of high-quality toothbrushes available exclusively through pharmacies.

Scientifically developed and clinically tested for a high standard of oral hygiene.

And available only through pharmacies because expert advice is essential to the correct choice and use of a toothbrush.

For example, few people understand how to use a toothbrush properly to remove bacterial plaque. They use the same brush for a year. And spend only half the time they should on cleaning. So not all the plaque is removed, especially around the gums and on hard-to-reach back teeth.

Considering that new colonies of bacteria start to form within minutes of cleaning the teeth, it's surprising that people don't take it more seriously. America panicked when Orson Welles broadcast 'The War of the Worlds' on radio. For hours they believed there was a Martian invasion. But that was science fiction. The damage resulting from bacterial invasion is science fact.

As layers of plaque in the gums get deeper, trapped bacteria die, creating toxic substances which can cause infection and gum disease, resulting in loss of teeth.

Tau-Marin toothbrushes make it easy to clean the teeth which are hardest to reach. They remove plaque and food residues while gently stimulating circulation in the gums. Together with Tau-Marin toothpaste gel and dental floss, they can make a substantial contribution to good oral hygiene.

The combination of quality products and first-rate advice has made Tau-Marin the best-selling toothbrush brand in pharmacies in Italy, its country of origin.

If you want to join the growing number of pharmacists who offer the quality of the Tau-Marin range in the UK, call Maria Diaz on 071-376-7999, or write to her at the address below.

A good toothbrush is unlikely to deter any Martians, but it will certainly help your customers conquer aliens closer to home.

The innovative Tau-Marin toothbrush with its distinctive slanted head is the result of considerable scientific study.

The 15° slant allows the brush to reach teeth at the back of the mouth much more comfortably.

Rounded synthetic bristles avoid damaging enamel and irritating the gums. The colours indicate alternate firmer and softer rows to remove plaque and stimulate good gum circulation.

The straight, rigid handle makes it easier to brush at the correct angle of 45° and the correct pressure of 120-150g.

more than
a brush with
science

tau-marin

Only one multi-vitamin makes you three times more active



Stock Sanatogen multi-vitamins and you fill your till three times faster.

Because as brand leader, our multi-vitamins sell at three times the rate of our nearest branded rival. Seven out of the top ten best selling multi-vitamin packs in the market have our name on them.

But there is another reason

One name you can always turn to

you might require a larger dose of our vitamins.

We are putting a record £3 million behind new TV advertising, point-of-sale and promotion. Plus we have brightened the already distinctive packs and added more product information.

So take as many of our multi-vitamins as you can and you and

your till won't stop moving.

TO ORDER SANATOGEN PRODUCT OR POINT OF SALE MATERIAL CONTACT FISON'S CONSUMER HEALTH REPRESENTATIVES OR TELEPHONE THE SANATOGEN HOTLINE ON 0509 611001 EXT 45110, 45100 OR 45107. SANATOGEN AND FISON'S ARE REGISTERED TRADE MARKS OF FISON'S PLC. ©EISON'S PLC 1991

FISON'S
Consumer Health

Counterpoints

New Actifed for children



Wellcome Consumer Healthcare have extended the Actifed range with the introduction of Actifed Cough Relief for children (100ml £2.12), formulated to soothe and relieve coughs in children aged between one and 12 years.

Actifed Cough Relief contains dextromethorphan to suppress dry irritating coughs and also an antihistamine, triprolidine, to ease associated cold symptoms such as runny nose and watery eyes.

Each 5ml contains 5mg

of dextromethorphan hydrobromide and 0.625mg triprolidine hydrochloride.

The formulation is sugar-free and colour-free, and has a pleasant fruity flavour, says the company.

A dose should be taken three or four times daily as follows: children aged one to two years, 2.5ml; age two to five years, 5ml; age six to 12 years, 10ml. A double ended spoon with 2.5ml and 5ml measures is included in the pack. **Wellcome Consumer Healthcare. Tel: 0270 583151.**

Force against arthritis campaign

Seven Seas Healthcare are hoping to involve pharmacies in their "Force against arthritis" campaign launched this week.

The salesforce will deliver forms for pharmacists to hand to customers, giving details of how to apply for membership of the "Force against arthritis" club which will raise money for research into the disease. For an annual subscription of £8.50 (senior citizens £5) members receive a regular newsletter, a car sticker, a key holder which makes turning keys easier, and a mail order

catalogue — "Help at hand" — for domestic aids to help people with arthritis. Seven Seas will contribute a proportion of the cost of everything bought from the catalogue to "Force against arthritis".

The company will be incorporating the campaign into its 1991-92 cod liver oil marketing and advertising, and is sponsoring a research project at the Bath Institute for Rheumatic Diseases to investigate cod liver oil's preventive role in arthritis. **Seven Seas Healthcare Ltd. Tel: 0482 75234.**

Benefits explained in Scholl Lite Legs hosiery relaunch

Scholl are relaunching their Lite Legs hosiery range at the beginning of next month and say they are the first manufacturer ever to explain the benefits of support hosiery.

Some 6.3 million women suffer from tired, aching legs, yet only 13 per cent wear support hosiery, say Scholl. They say it is perceived as thick and unattractive, and there is a low awareness of how it works.

With the relaunch, Scholl hopes to widen the appeal of Lite Legs. Their research has shown that once the benefits and appearance of support hosiery are understood, many more women will buy Lite Legs for the first time. The 96 per cent repurchase rate will lead to increased sales, Scholl believe.

In a complete move away from the old packs, Scholl are now using lifestyle photographs on the fronts of the packs, which reflect a variety of moods and

illustrate how stylish support hosiery is.

There is an updated Lite Legs logo, and Scholl have sought to soften the support message by using the words "system support". The front also shows a holder support factor (6 light, 7 medium, 8 firm and 12 extra firm), a corresponding colour flash, the size, denier and colour, as well as the new Lycra logo. The message on the front is "Keeps legs feeling fit and looking good".

The back of the pack explains what the Scholl system support is, outlines the different support factors, give a size guide and a diagram illustrates how graduated support works.

The range comprises 15 denier (factor 6) tights in seven colours and one-size stockings in two colours (all £2.75); 20 denier (factor 7) tights in five colours (£3.25); 40 denier (factor 8) tights in four colours (£3.85); and 70 denier (factor 12) tights in

two colours (£9.95). All the tights come in small, medium and large sizes, and all in soft black and sable. Other colours are charcoal, topaz, navy, barely black, and hark.

Lite Legs will be supported with a variety of promotional activities, including a trade training programme — one day sessions for pharmacy assistants in the Autumn. A new header card and swatch cards will be available for the display units.

Pharmacies still have the lion's share of the support hosiery market with 35 per cent, but grocery, with some 21 per cent, is the fastest growing sector, say Scholl. The £17.5 million support hosiery market represents some 2 per cent of the total hosiery market in the UK; the corresponding 30 per cent figure in the US demonstrates the potential for growth, they believe.

Scholl Consumer Products Ltd. Tel: 0582 482929.



Stress Watch UK is supported by English Grains

English Grains Healthcare are behind an initiative called Stress Watch UK which will run throughout October.

It will focus attention on stress, one of the country's most widespread healthcare problems, highlighting the cost to the nation of stress-related illnesses and offering advice on recognising the symptoms and keeping them at bay.

A publicity campaign will involve national Press, women's magazines, radio and television, as a means of disseminating the message to the widest possible, mass market audience.

A booklet called "The less stress guide", incorporating a self-test stress check, will be available on request to the public via a special mailing address.

Free Stress Watch UK

point of sale material, including window stickers, shelf edgers, Natracalm consumer advice leaflets, and giant Natracalm display packs, will be available to the trade from September 30, says the company.

This will be backed by a £200,000 advertising campaign for Natracalm. **English Grains Healthcare. Tel: 0283 221616.**

Relaunched First Response is fastest ovulation test, say C-W

Carter-Wallace are relaunching their First Response ovulation prediction test this month, and say it is now the fastest test of its kind.

The waiting time for results has been reduced from ten minutes to three. Carter-Wallace's research has shown that speed is important to women using home diagnostic tests, particularly ovulation predictors which often have to be done in the morning when time is most precious.

But it is also important that accuracy is not impaired, says the company. The new packs, which retain the purple and white colour scheme, highlight improved speed and stress accuracy of the test.

Both the First Response ovulation prediction test and



the pregnancy test, relaunched last month with a new one-minute results waiting time, are being supported by advertising and

new POS material.

In addition, a First Response freephone advice line (0800 525522), open to consumers as well as

pharmacy staff, offers information and guidance on the use of both tests. **Carter-Wallace Ltd. Tel: 0303 850661.**

Three Roc promotions for Winter

Roc are running promotions on their lipscreen, Pure Performance range, eye make-up remover gel and revitalising night cream.

There is a new gravity-feed merchandiser for the lip screen for more prominent counter display.

The Pure Performance promotion features a gift of 15ml Actium (worth £7.29) with the skin energising concentrate (15ml £16.35). The two products come in a special offer pack. Counter displays are available which hold six offer packs and three full-size Actium, as well as consumer leaflets.

Roc eye make-up remover gel (£6.80) comes as a free gift with purchase of the revitalising night cream (£17.35). The products are presented in a coffret. **Laboratoires Roc. Tel: 0273 517704.**

Information on Clearplan

As part of their promotional activity for Clearplan One Step, Unipath are extending their Well Woman Campaign by providing independent pharmacies with information packs.

Each contains booklets on "Planning your pregnancy" and advice on pregnancy and conception. A £2 voucher towards the purchase of Clearplan One Step is also included.

Additional copies of the information pack are available from the company's customer services department. **Unipath Ltd. Tel: 0234 347161.**

Aramis additions

Aramis have added two products to their Bodyworks male grooming range.

Energizing loofah body bar (150g £9.50) is said to "revitalise tired skin through exfoliation". Aramis All Weather body moisturiser (200ml £11.50) helps protect

skin against the environment, says the company.

Aramis have also introduced a natural spray for their eau de cologne and aftershave. **Estée Lauder Cosmetics. Tel: 071-493 9271.**

On TV Next Week

GTV Grampian
B Border
BSB British Sky
Broadcasting
C Central
CTV Channel Islands
LWT London Weekend

C4 Channel 4
U Ulster
G Granada
A Anglia
TSW South West
TTV Thames Television
TVS South

TV-am Breakfast
Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
TVS South
TT Tyne Tees

Making Progress with Wyeth

Wyeth are introducing free sample sachets of Progress, as part of an on-going promotional campaign.

Each sachet weighs 37g, and makes up half a pint of milk. They will be widely available; pharmacists can request counter top sachet dispensers from their Wyeth representative or direct from Denise Davis (ext. 4243). **Wyeth Laboratories. Tel: 0628 604377.**

Celsius:	GTV, U, B, G, C, A, TSW, TVS, LWT, TT
Clorets:	All areas except G
Colgate Actibrush:	All areas
Colgate Great Regular Flavour:	All areas
Impulse:	All areas
Just for Men:	GTV, U, BTV, HTV, C4, TV-am
Lanacane creme:	U, Y, C, LWT, TT, C4
Libra Bodyform:	All areas except CTV, LWT, C4
Listerine Coolmint:	GTV, STV, B, Y, A, HTV, TSW, TT
Olvarit:	All areas
Radian-B:	G
Savlon:	All areas except A, TVS, TTV
Silkience:	All areas except LWT, TTV, TT, C4, TV-am
Sure Power Stick:	All areas
Timotei shampoo:	All areas except CTV, Y, TVS, C4



International Laboratories have launched a campaign to support their Suleo and Derbac ranges. There is a poster, "Head lice — Your questions answered", which explains where lice come from, who should deal with the problem, who suffers, and what to do about it, and a leaflet entitled "All about head lice — a community concern", which provides information on identifying, detecting, treating and eradicating the problem of head lice and suggests ways to prevent further infections. Copies will be distributed to pharmacies, school nurses, health visitors and GP surgeries. **International Laboratories Ltd. Tel: 061-945 4161.**

New look All Clear

Elida Gibbs are relaunching All Clear shampoo in new packaging, without the carton.

The new packaging features improved graphics and contemporary colours, said to give the product more shelf impact. The

formulation remains unchanged.

The pack also includes a new house name, Elida Professional, for the first time. This is gradually being introduced across the range, say **Elida Gibbs. Tel: 071-486 1200.**



How Asilone succeeds where others don't.

Unlike products that simply block reflux by rafting action, Asilone attacks the cause of indigestion and heartburn: excess acid.

It neutralises gastric acid and combats wind, whilst gently soothing the stomach lining.

The balanced formula of Asilone Liquid offers both fast action and a lasting effect. In addition, Asilone is extremely low in sodium, which makes it suitable for people on low-sodium diets.

This is why so many doctors prescribe Asilone. And why it's the leading pharmacy antacid.

Your recommendation for indigestion



Complan in a new
flavour.

Don't slip up.



Introducing a new addition to the Complan range which, together with major consumer press and promotional support, will ensure your customers go bananas.





Salon Selectives gets a styling range

Helene Curtis have extended their Salon Selectives range with the addition of two special care treatments and a styling range.

Type O hot oil treatment (£1.99 for four 15ml tubes) is a heat-activated blend of conditioners to revitalise hair. It should be used before shampooing.

Type D deep moisturising treatment (150ml tube

£1.99) is an intensive, protein-enriched conditioner to treat heat damaged, dry or chemically processed hair.

The styling range comprises: aerosol hairspray (250ml) in maximum hold (hold 15) and extra hold (hold 10); pump spray hairspray (200ml) maximum and extra hold; and styling mousse (200ml) also in extra and maximum hold (alcohol

free). All products retail at £1.99.

The launch will be supported by a national television, Press and radio campaign starting in October. **Food Brokers Ltd. Tel: 0705 219900.**

Pocket sized nailcare

Richards & Appleby have brought out a new nail care guide for their Nailoid range.

The pocket-sized 16-page booklet — "A working guide to nailcare" — explains the importance of regular manicure and how to perform it, and demonstrates the use of Nailoid products.

The guide will be featured in women's magazines. **Richards & Appleby. Tel: 0695 20111.**

Numark October offers

Numark pharmacies will be advertised as participating outlets as part of a Press campaign for Cuticura, Topol and Erasmic.

Special offers for October include: 12 for ten cases of Andrex family tissues; money-off packs of Bodyform regular and super 20s; two free razors in Gillette Blue II packs of ten; 12 for ten on triple packs of VO5 hot oil; free hair dryer with purchase of 12 packs from the Silvikrin range; 25 per cent extra packs of Numark multivitamins and iron. **Numark. Tel: 0827 69269.**

Therapeutic haircare range from Tisserand

Tisserand Aromatherapy have moved into the haircare market with a compact range of products including shampoo, conditioner and an intensive treatment.

The haircare collection contains essential oils. For cleansing there is may chang, melissa and rose; for soothing, myrrh, yarrow and peru balsam; for moisturising, palma rosa.

The collection comprises four shampoos; melissa and grapefruit for every day use; sandalwood and palma rosa

for dry hair; peru balsam and oakmoss for chemically damaged hair; lemon and tea tree for dry or oily scalp. All retail at £3.90 for 150ml.

Two conditioners complement the shampoos — yarrow and rose for regular use (150ml £4.90) and sandalwood and myrrh (150ml £5.40) for more intensive conditioning. In addition, Tisserand have developed a hot oil pre-wash treatment (30ml £5.60). **Aromatherapy Products Ltd. Tel: 0273 412139.**

Complete care for dry skin from Roc

Roc have extended their range of hypo-allergenic products for very dry skin with the addition of a lipo-moisturising treatment and a lipo-vitamin treatment.

Lipo-moisturising treatment (50ml £12.25) is for daytime use and key ingredients are glycerol and triglycerides. It is a creamy, water-in-oil emulsion which is said to rehydrate skin, leaving it supple and soft.

Lipo-vitamin treatment (50ml £11.95) is for night time use and is claimed to help repair and strengthen delicate skin. It contains triglycerides, vitamin A and B5 and glycerol.

Both products were tested by skiers at high altitudes and found to protect skin for over five hours in harsh conditions.

The launch of the products is being supported with a promotion for the entire range for very dry skin. A new two tier counter merchandiser is available including testers for the high

colour soothing treatment, extra-gentle cleansing cream and freshener, together with samples of the new products, a consumer leaflet and counter card. **Laboratoires Roc. Tel: 0273 517704.**

Cutex gift packs

Cutex have brought out two gift sets for Christmas.

The Colour Collection (£5.99) comprises one Lasting Colour lipstick in Tibetan Rose or Dundee Cake, matching nail polish in South Sea Pearl or Moscow Red.

The Manicurist Program set contains five manicure products: silk base coat, brilliant top coat, nail strengthener, cuticle cream and emery boards.

Presented in a box with 50p-off coupon, the set retails at £9.99. **Rimmel International. Tel: 071-637 1621.**

First alcohol-free aftershave from Roc

Roc have introduced an alcohol-free soothing aftershave lotion to their Roc Pour Homme range, the first on the market, says the company.

The lotion has a neutral pH balance, so is ideal for sensitive skins. It contains no perfume and is hypo-allergenic, says the company. Ingredients include ginseng extract, pantothenol, tocopherol, sorbitol and polyvidone.

The product is aimed at men aged 25-35 and the women who buy for them. It retails at £8.65 for a

cartoned 125ml glass bottle.

Point of sale support is available, including counter cards, consumer leaflets and shelf organisers. **Laboratoires Roc. Tel: 0273 517704.**

Estée Lauder promise flawless finish

Estée Lauder have introduced Lucidity light diffusing foundation, to complement the existing Lucidity loose and pressed face powder.

Lucidity foundation promises an even, constant colour throughout the day, is said to be non-drying on the skin and non-clumping. The foundation is recommended for normal to dry skin types and contains vitamins A, E and C.

The foundation (£16.50) comes in four shades: light, light medium, medium and dark medium. **Estée Lauder Cosmetics Ltd. Tel: 071-493 9271.**

Sixties eyes made simple by Lenthéric

Lenthéric make the '60s look easy to achieve with their new eye definer.

It features a tapered felt-tip style applicator, which they claim gives even colour without dragging skin.

The eye definer is available in black and retails at £2.99. **Lenthéric Mornay. Tel: 0276 62181.**



Beauty International are adding body sprays to their Goya male range. There are four variants — Cadiz, a citrus fragrance with a leathery base; Havana, a spicy, mossy mix; Sapporo, a woody fragrance; Lorient, a fresh fragrance with woody base notes. The range is targeted at 15-24 year old men. The sprays will retail at £1.89 for 150ml, and are offered at £1.69 for the introductory period. **Beauty International. Tel: 0491 33333.**

Dylon launches Oust cleaning range

Dylon are launching a range of descaling and specialist cleaning products under their Oust brand name, with new packaging and a new logo.

The range includes an all-purpose descaler, a crockery and cutlery cleaner and a liquid surface limescale remover.

The descaler is said to work in 30 minutes and comes in three pre-measured sachets (£1.32).

Surface limescale remover is for use on sinks, taps, baths, showers and toilets (£1.32).

The crockery and cutlery cleaner removes tea, coffee and stubborn stains from crockery, stainless steel cutlery and glassware, say Dylon International. It comes in a 25g dose which makes eight pints of solution (£0.87).

Press advertising is planned in a range of women's magazines next Spring. **Dylon International. Tel: 081-650 4801.**

Pharmacies sales lead condom market

Pharmacies held their 48 per cent share of the condom market in 1989-90, according to the Durex Report 1991 from LRC products.

Total condom sales reached £34 million in 1990 and are projected to increase by around a third to £44m by the end of 1992. Volume sales have risen 30 per cent since 1986.

Sales in the grocery sector — led by the multiples which account for over 90 per cent — jumped 33 per cent to put them in joint second place with pub vending machines.

The report, based on a

survey of 5,000 men and women aged 16-55 between April and September 1990, suggests last year 2 per cent more couples used condoms than the combined pill as a means of contraception. LRC attribute this not only to the use of condoms to prevent the transmission of HIV, but also a swing towards barrier methods of contraception.

Usage among the under 20s continues to grow, rising to 24 per cent of 16-17 year olds claim to have started to use condoms specifically because of fear of AIDS, compared with the national average of 5 per cent.

Free tickets to California

California fragrance are offering flights to the US for as little as £14.25.

On purchase of any item from the range, consumers can send away for Flyaway vouchers (by October 31), offering two airline tickets to California, provided participants stay a minimum of 14 nights at a Hyatt Hotel. There are up to 20 hotels and resorts to choose from,

with rooms from £66 per night, accommodating four people, with no surcharge for children under 18.

Flight vouchers are valid for 12 months after date of issue and allow 21 days' stay in the USA. A consumer leaflet explains terms and conditions of the offer. Inquiries should be made to Max Factor Ltd. Tel: 0202 524141.

A large proportion of the population still do not use a condom with new or different sexual partners, the survey shows. Men, 18-20 year olds and those not cohabiting with their partner are the most likely to engage

in unprotected intercourse, says the report.

LRC say it is disturbing that one in four of those aged 18-20 have unprotected sex with a new partner, as this group tend to have the most new partners.



Beauty International are adding body sprays to their Goya male range. There are four variants — Cadiz, a citrus fragrance with a leathery base; Havana, a spicy, mossy mix; Sapporo, a woody fragrance; Lorient, a fresh fragrance with woody base notes. The range is targeted at 15-24 year old men. The sprays will retail at £1.89 for 150ml, and are offered at £1.69 for the introductory period. Beauty International. Tel: 0491 33333.

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PERMASOFT tightens loose dentures by taking a perfect impression of the gums. Not a powder or a gel. PERMASOFT lasts for months. Hygienic and easy to use.

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*Full details available on stand K13

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Address:

Post Code: Tel:

Return the completed coupon to Lisa Payne at Esselte Meto Limited, 354 Buckingham Avenue, Slough, Berkshire SL1 4ND.

Don't forget NPA Free Prize Draw to win an EAS security system - Closing date 1st September 1991



Alberto Culver are launching a two in one Alberto Balsam shampoo and conditioner. The shampoo, which is said to be ideal for family use, comes in three variants normal/greasy, dry/permed and frequent use. It retails at £2.49 for 400ml. Alberto Culver. Tel: 0256 57222.

Unichem join with Cussons

Unichem have teamed up with Cussons for a Christmas promotion, offering discounts and free stock deals on the Imperial Leather and Graphite ranges.

On ordering six cases from the Imperial Leather range, pharmacists will receive one case of Original 150g talc. Ordering ten cases entitles pharmacists to one case each of Original and

New Dawn 150g talc and 15 cases to one case each of Original, New Dawn and Fresh Mist talc. A purchase of 20 cases entitles pharmacists to one case each of the three 150g talcs, plus one case of Original 300g talc.

When pharmacists order six cases from the Graphite range they will receive a free case of Tropic body spray. A ten case order entitles them to a case each of Tropic and Polar body spray and a 15 case order to one case each of Tropic and Polar bodysprays and Sensitive shave foam.

Products from both ranges are offered at promotional prices, giving an additional 28 per cent POR. And pharmacists taking part in the promotion will be entered into a free prize draw with the chance of winning a luxury hamper. Unichem. Tel: 081-391 2323.

Opaques in colour from Couture

Couture have introduced a range of coloured opaque tights.

Chamois opaque tights, with Tactel microfibre and Lycra for improved comfort and fit, are 80 denier and have a matt suede appearance. They come in eight colours, including pink, olive, amethyst and navy. They retail at £6.25 and come in three sizes.

Damask tights are an opaque cotton and Lycra mix. They come in three colours and three sizes (£6.99). Fresco tights, also in cotton and Lycra, feature an all-over cable design. They come in three sizes (£6.99). Couture Designer Hosiery. Tel: 0788 823169.

Talking about feet

Cuxson Gerrard are launching an initiative for pharmacy assistants, using a series of audio cassettes to bring them up to date on new products and developments in the footcare market.

The first in the series — "Winning ways" — looks at verrucas. It features a humorous sketch, illustrating how not to give advice, which is followed by the correct approach. Cassettes are available from representatives. Cuxson, Gerrard & Co. Tel: 021 544 7117.

Muscle bound

Casilan 90, from Crookes Healthcare, is sponsoring the amateur Mr and Miss Universe competition, to be held in Croydon on October 12. Crookes are also sponsoring the Mr and Miss Britain competition in Blackpool next May. Crookes Healthcare. Tel: 0602 507431.

£1 from 1001

Cussons are supporting their 1001 carpet shampoo with a cash back incentive which runs until the end of October. Consumers can claim £1 back with one proof of purchase. The 1001 cleaner will be supported with a television campaign, starting in the London area. Cussons Ltd. Tel: 061-792 6111.

Extra foam

Colgate-Palmolive are running an on-pack promotion on their shaving foam. The offer of 25ml extra on the 200ml size applies to all three variants. The offer runs until the end of October. Colgate-Palmolive. Tel: 0483 302222.

Distributors

Chefaro Proprieties are the new distributors for Grett Optik, suppliers of the reading glasses Easi Readers. Chefaro Proprieties. Tel: 0223 420956.

Handy extras

British Tissues have introduced a shelf display outer case for their Tisu handy pack and a 20 per cent extra consumer offer. British Tissues Ltd. Tel: 081-864 5411.

Full marks

Since its launch in April, 32 district health authorities are recommending Full Marks

lotion, in addition to the nine already recommending the shampoo, say Napp. The latest contracts come from North West Thames Region (13 DHAs), North East Thames Region (16 DHAs), South East Staffordshire District, and South Derbyshire District. Further information is available from Napp Consumer Products Division. Tel: 0223 424444.

Snappy offer

Fuji are offering Quicksnap buyers the chance of free photo albums. To obtain the album, customers have to buy a Fuji Quicksnap, Quicksnap Flash or Quicksnap Marine. The album is handed over immediately, say Fuji. Point of sale material is available for the promotion which runs from October 1 until the end of December. Fuji Photo Film. Tel: 071-586 5900.

Oz on TV

Oz toilet descaler and cleaner and kettle descaler are on national television until the middle of October. They are also being supported by below the line activities throughout the year. Dendron Ltd. Tel: 0923 229251.

Nappy liners

Unichem are offering pharmacists 30 per cent POR on their own-label nappy liners (100s). A pack of 12 are available at a trade price of £6.60. The liners now come in a flat pack which is said to be easier to store and display. Unichem. Tel: 081-391 2323.

Clean-N-Soak

Allergan have repackaged Clean-N-Soak range in the new corporate style, which includes a bar code for the first time. Allergan. Tel: 0494 444722.

Fuji softballs

Fuji are offering customers free softballs when they buy Fujicolor films as part of a one-off order. Dealers can mix ISO 100, 200, 400 and 1600 Super HG films and Fujicolor Reala, choosing 24 or 36 exposures, but is limited to 135 format. Point of sale material is available. Fuji Photo Film. Tel: 071-586 5900.

Dentinox leaflet

Dendron have introduced a new leaflet on the Dentinox range, entitled, "Dentinox — a mother's guide to tried and trusted baby medicines". It also includes charts for plotting a baby's growth and weight, a section for recording the health visitor's name and telephone number, and an immunisation checklist. For copies write to DDD's Marketing Department. DDD Ltd, 42 Caxton Way, Watford Business Park, Watford WD1 8DZ. Tel: 0923 229251.

New Valpeda

Roche are relaunching their Valpeda foot treatment cream, part of the Valderma range, with new contemporary packaging. Roche Products. Tel: 0707 328128.

Syndol on TV

Merrel Medicines are backing Syndol with television advertising for the first time, starting this week. The main activity will be in London, Central, Granada and Scotland, with a projected spend of around £600,000. Merrell Dow Pharmaceuticals. Tel: 081-848 3456.

SB Venos

The division of Smithkline Beecham responsible for the relaunch of the Veno's range is Smithkline Beecham Health Care and not as stated in last week's C&D (p412). Smithkline Beecham HealthCare. Tel: 081-560 5151.



Celsius International are offering a free travel bag to consumers when they buy a 100ml aftershave plus one other product from the Celsius range. Retailers need place only the minimum order to receive eight free Celsius bags, plus point of sale material including showcard and shelf strip. Celsius International. Tel: 071-377 5000.



Karvol. For children who'd rather not be greasers.

Something remarkable happens when Karvol clears a child's blocked up nose. That's all it does.

There's none of the greasiness of vapour rubs. Its ingredients of pine, cinnamon and menthol are inhaled, which eases a child's breathing. Without it touching the skin.

Karvol is available in packs of 20, or 10's for new mums to try out. It's hard on vapour rubs. But gentle with a child.



Deodorants have enjoyed hefty advertising spends as innovative products such as Kyomi and Sure Powerstick have appeared on the market.

The total deodorant market, worth £198.1m, is growing in value while volume has remained static, although aerosols, which account for 70 per cent of the market, are also showing volume growth.

Gloomy news is that drugstores are increasing their sales of deodorants more than any other outlet.

The message from AGB is that branded aerosols and roll-ons remain the products of choice, while both sticks and pump packs are declining in both volume and value. Pump packs have never really taken off and have failed to live up to consumer's expectations, say AGB.

Conversely, sales of own label aerosols and roll-ons are declining, while own label stick deodorants are growing. Own label aerosols account for around 10 per cent of the market.

New impact

AGB say that the impact of Kyomi, launched in March, will be evident in around six months, but the brand currently has a 6.9 per cent share, with all three product formats achieving impact.

Kyomi was originally expected to impact on sales of Natrel Plus, because of its "natural harmonisation with the body" say AGB. But it has been positioned differently and may therefore have impact across a variety of major brands.

Aerosols provide an opportunity to be seized, as they have a high use-up rate, making them profitable to stock, particularly during the summer months.

Biggest growth is in the 200-299ml packs which make up 40 per cent of sales — this size often contains extra free. But the 150-199ml packs are still dominant, accounting for around 50 per cent of sales.

Lynx bodyspray is the Number one brand and still growing, and good news is that the brand is selling better from independent pharmacies than from the overall market.

However, pharmacies are losing their share of the aerosol market (currently at around 8.6 per cent) while grocers and drugstores are gaining.

Roll-ons are showing value growth only, and their share is decreasing in independent pharmacies, who now take 8.3 per cent of sales.

Within the sector, Mum, the brand leader, has shown steady growth since its relaunch around 18 months ago. It will be interesting to see how the two new variants, Mum for Men and Mum Dermis, will perform, say AGB. These may well attract women buyers, who still account for 75 per cent of men's toiletry purchases, they say.

Stick deodorants may be in decline, but they sell better from independent pharmacies than either aerosols or roll-ons, with a market share of 10 per cent.

Their decline is evident even

Pharmacy sales of deodorants, body sprays and bath additives are all losing share to grocers and drugstores, according to the latest data from AGB Superpanel. Pick any of these sectors and independent pharmacies are now taking less than 10 per cent market share.

Freshening up on toiletries

within a new brand, Kyomi, suggesting it is the product format itself which has made sticks unpopular.

But AGB predict that Sure Powerstick, introduced in June, may impact on the sticks sector and could well revitalise the product. The strongest stick brands tend to be male orientated — Speedstick, Slazenger Sport, and Insignia for example.

Women's bodysprays

In contrast to the success of men's bodysprays (classified by AGB as deodorants), women's bodysprays, worth £32.8m, are showing decline in both value and volume, say AGB.

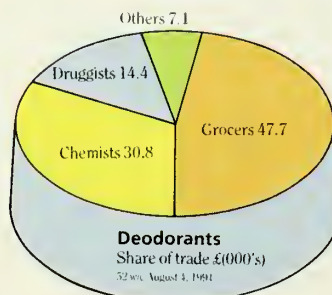
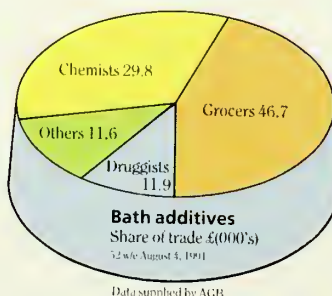
This is possibly because aerosol deodorants are expanding their fragrance variants, leaving consumers confused as to the difference between the two products.

The sector is dominated by Impulse, whose new variant, Vive, is performing well — AGB expect further growth for Impulse as a result. Sixth Sense and Limara are the other main brands.

Adding to the bath

The £161.3m bath additive market (which includes bath liquids, shower gels and bath salts) has shown value growth, while volume growth is down 3 per cent year on year. The bath liquids market is dominated by own label brands. Some 45 per cent of grocer's sales are own label, compared with 52 per cent of total chemists' sales, and such economy packs remain popular, particularly for families.

Shower gels are fuelling growth of bath additives, mainly due to the two big brands, Radox Shower Fresh and Cussons Imperial Leather, which between them account for just over 30 per cent of the shower gel market. Growth has been further fuelled by male shower gels such as Lynx.



This growth in shower products can be linked to the increase in shower ownership throughout the UK now (about 50 per cent of all households).

Shower Products The Top Five Brands

1. Radox Showerfresh
2. Cussons Imperial Leather
3. Lynx
4. Insignia
5. Badedas

Deodorants The Top Five

- | Brand |
|------------------|
| 1. Lynx For Men |
| 2. Rightguard |
| 3. Natrel Plus |
| 4. Sure |
| 5. Soft & Gentle |

52 w/e 5 Aug '91

Stick Deodorants The Top Five Brands

1. Sure Solid
2. Mennen Speedstick
3. Natrel Plus
4. Slazenger Sport
5. Rightguard

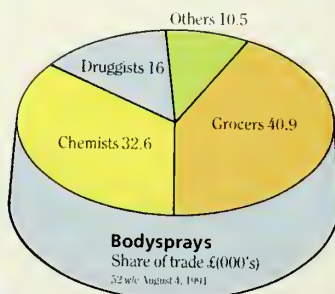
Roll-on Deodorants The Top Five Brands

1. Mum
2. Sure
3. Rightguard
4. Natrel Plus
5. Amplex

Aerosol Deodorants The Top Five Brands

1. Lynx For Men
2. Rightguard
3. Natrel Plus
4. Sure
5. Soft & Gentle

52 w/e 5 Aug '91



Shower gels now take just over 23 per cent of the bath additives market. This figure is expected to grow although not at the dynamic rates seen over the last few years. However bath liquids should remain fairly static in volume terms, but AGB expects the bath salts sector to decline, thus slowing the rate of value growth within the total bath additive market.

Independent pharmacies take just over 6 per cent of shower gels, but total chemists' share has grown to 32 per cent. Drugstores, at 12 per cent, take double the share of independent pharmacies and their sales are growing. Meanwhile, grocer's share at 43 per cent is relatively static.

Bath liquids is a static sector, with premium products like Radox Moments, Santé and Pearl creating interest in the sector. An interesting note: Santé, as well as having bath liquid and shower gel, have now launched into the deodorant market. Baby bath liquids take 9 per cent of the business, say AGB.

Total chemists take a 30 per cent share of bath liquids, while independent pharmacies have a static 7 per cent. Drugstores' share of bath liquids is also static at 11.5 per cent, while grocers share is 47 per cent and growing slightly.

Actifed

cough relief

*soothes and
relieves
children's
coughs*

sugar free
colour free
fruity flavour



Wellcome

1-12 years

The new Actifed is very big on little coughs.

Actifed* Cough Relief Product Information

Presentation: Each 5ml Actifed Cough Relief contains Triprolidine Hydrochloride 0.625mg and Dextromethorphan Hydrobromide 5mg in sugar-free and colour-free base.

Uses: For the symptomatic relief of simple dry, unproductive coughs and other symptoms associated with colds in children.

Dosage and Administration: To be given three or four times a day: Children from 1 year to under 2 years – 2.5ml spoonful, children from 2-5 years – one 5ml spoonful, children from 6-12 years – two 5ml spoonfuls.

Contra-indications, warnings etc: Do not exceed the recommended dosage. May cause drowsiness. If affected do not drive or operate

machinery. Avoid alcoholic drink.
100ml bottle £2.12 RSP (PL3/0275).

Legal Category: P – This product is available for OTC, 'over the counter' purchase from Retail Pharmacists. Further information is available on request.

The Wellcome Foundation Limited,
Crewe, Cheshire.



*TRADE MARK Wellcome

**THE WELLCOME
FOUNDATION LTD**

Pharmacyupdate

Hexetidine not for aphthous ulcers

Aphthous ulcers are a common nuisance and are notoriously difficult to treat. Symptomatic measures may help and there is evidence that anti-infective preparations can prevent secondary infection. One option is to use an antiseptic mouthwash such as hexetidine but a recent double-blind trial suggests its value may be limited.

A total of 40 people with recurrent ulceration were given hexetidine mouthwash or a matched placebo for use three times daily for six weeks; after a three week washout period, the alternative preparation was substituted. Dentists evaluated oral hygiene by the severity of plaque and gingivitis before and after each treatment.

The mouthwash was no better than placebo in reducing the frequency of ulceration or pain, or in improving oral hygiene. However, there was a significant improvement in ulcer symptoms in both groups in the



later weeks. This suggests that participation in the trial exerted a placebo effect or encouraged better hygiene.

These findings with hexetidine contrast with more positive benefits reported with

chlorhexidine. However, chlorhexidine mouthwash may be associated with taste disturbance and discolouration of the mouth, whereas hexetidine is well tolerated.

British Dental Journal 1991;171: 83-6



NSAIDs and renal disease

Regular treatment with non-steroidal anti-inflammatory drugs (NSAIDs) may increase the risk of renal disease particularly among elderly men, according to a recent study from the USA.

The use of NSAIDs and other non-aspirin analgesics by 554 patients discharged from hospital with newly-diagnosed renal disease was compared with that by age- and sex-matched controls selected from the community. Overall, daily use of NSAIDs for at least 360 consecutive days was associated with a two-fold excess risk of renal disease. However, the risk was confined to elderly men, increasing to 16.6 among those over 65 years old; after adjusting for occasional use of analgesics — a possible risk factor for renal disease — the excess risk declined to 10.0. There was no dose-response relationship but there was a trend towards greater risk among people with a history of myocardial infarction, heavy use of alcohol or diuretic use; and a non-significant tendency for the risk to increase with continuing use of NSAIDs.

Although these findings are contradicted by some earlier studies of the renal effects of NSAIDs, they do lend validity to the case reports of nephrotoxicity with these agents. It is possible that, because prostaglandins may be critical for maintaining renal blood flow, some patients compromised by concurrent disease are unable to withstand the additional burden imposed by the adverse effects of NSAIDs. However, this study identified only 28 people with renal disease who had regularly taken NSAIDs and its findings require confirmation before such patients are denied the benefits of these drugs.

Annals of Internal Medicine 1991;115: 165-72

Barrier vs. replacement therapy for NSAID ulcers

Misoprostol is believed to prevent the development of gastric ulcer during treatment with NSAIDs largely by replacing mucosal prostaglandins whose synthesis has been inhibited. An alternative method might be to use sucralfate, which forms a protective barrier on gastric mucosa and also appears to increase local production of prostaglandins. Sucralfate is not licensed for the prophylaxis of NSAID-induced ulcer in the UK but it is widely used in this way in the USA. Now, the two drugs have been compared in a single-blind clinical trial.

A total of 350 patients referred for endoscopy with abdominal pain during treatment with ibuprofen, naproxen or piroxicam, but who proved not to have gastric or duodenal ulcer, were randomised to receive sucralfate 1g or misoprostol 200mcg four times daily for three months. Of the patients given misoprostol, 1.6 per cent developed gastric ulcer compared with 16 per cent of those taking sucralfate. This difference was significant, and

remained so even when the analysis was restricted to large (> 0.5cm diameter) ulcers only. In addition, 26 per cent of patients given sucralfate who initially had gastric erosions went on to develop ulcers, compared with 2 per cent of those given misoprostol.

Adverse reactions were reported by more patients treated with misoprostol and accounted for withdrawal by 18 per cent of patients compared with 9 per cent of those given sucralfate, mainly due to diarrhoea and dyspepsia. Almost a quarter of patients in each group complied poorly with treatment (taking less than 75 per cent of the prescribed dose) but an intention to treat analysis still showed a large and significant difference in favour of misoprostol.

Misoprostol is therefore clearly superior to sucralfate, though a large minority of patients tolerate the drugs poorly and many do not continue with prophylaxis.

Annals of Internal Medicine 1991;115: 195-200

Anorectal ergotism

An unusual form of ergotism has been reported in Germany following excessive use of ergotamine suppositories to treat migraine attacks. A total of 15 patients who used doses of up to seven suppositories per day to treat attacks spreading over many years developed rectal ulceration and anovaginal fistulae. In most cases, the lesions were asymptomatic: only two patients presented with pain and the others were detected only after the appearance of blood or intestinal contents in the vagina. Although the ulcers healed after withdrawal of ergotamine, six cases of fistulae required a temporary colostomy and in one case there was permanent destruction of the pelvic floor and anal canal.

The authors note that there may be over-use of ergotamine when prophylaxis of migraine is inadequate; information provided by patients about the doses they use is, they add, unreliable.

Acta Neurologica Scandinavica 1991;84: 73-4

We're re-launching Hill's Balsam.

(See box for details.)

Both you and your customers are going to be seeing a lot more of Hill's Balsam. The traditional cough remedy is about to be backed by national press advertising, a trade drive and, most importantly, a regional television campaign.

And it won't just be the adult medicine that gets a starring role. The promotions will also feature the Junior Expectorant and Pastilles.

So we expect you'll want plenty of Hill's Balsam appearing on your shelves, in which case simply call Windsor Healthcare on 0344-484448 and watch this space.



Importance of controlling nocturnal asthma

People with asthma commonly experience disruption of sleep: many are woken by wheeze, breathlessness and cough every night and 80 per cent are affected at least occasionally. There is evidence that short-term sleep deprivation impairs daytime performance, but what are the effects of the chronic disturbances associated with asthma?

A total of 12 people with stable nocturnal asthma were matched for intellect and age to healthy controls. Sleep quality was recorded in a diary for two weeks, recording the number of awakenings. Detailed electromyographic studies on them were performed during one night's admission to hospital. Bronchodilator and anti-inflammatory medication was unchanged.

Unsurprisingly, those with asthma recorded subjectively worse quality of sleep during the two-week period, though the groups reported a similar number of nocturnal awakenings. Measured objectively, asthmatic subjects took longer to fall asleep; they spent less time asleep and experienced less deep sleep than controls. During the day, those with asthma performed significantly less well in tests of cognitive performance.

These findings underline the importance of good symptom control for the quality of life of people with asthma and the potential benefit of long-acting agents such as salmeterol if anti-inflammatory therapy alone is ineffective.

Thorax 1991;46:569-73, *British Medical Journal* 1990;301:1365-8

Self-detoxification

Many addicts who attend treatment centres for detoxification have already been abusing drugs for several years. During that time, they may have made several attempts to give up drugs. A survey at a London clinic of 50 opiate addicts with an average drug abuse of ten years has shown that 47 had attempted detoxification without help on an average of four occasions; a further 27 reported up to three attempts to give up with medical help and 22 reported forced detoxification while in custody or when drugs were unavailable.

"Cold turkey" was attempted by half of those who tried to give up; others tried benzodiazepines, reducing doses of opiates, cannabis or

alcohol. More than a third of patients had failed at every attempt to give up but 64 per cent had succeeded on at least one occasion. Most relapsed during the first week after withdrawal, though significantly fewer did so if they took other drugs to help them through this period. However, cold turkey and drug therapy produced a similar outcome: only 14 per cent abstained for four weeks or more. The availability of drugs, lack of support, and the severity of withdrawal symptoms were the commonest reasons for relapse. These findings are now to be used to develop self-help materials for addicts attempting self-detoxification.

British Journal of Psychiatry 1991;159:208-12

What happens after self-poisoning?

Few people who attend casualty departments after deliberate self-poisoning repeat the attempt with greater success — for the following three years, at least. A survey of 1,000 cases dealt with by Nottingham's University Hospital over nine months in 1986 showed that 50 per cent took analgesics, 34 per cent took tranquilisers and 12 per cent took antidepressants; a third of patients ingested more than one drug. Almost two

thirds were less than 35 years old.

During one year's follow-up, 12 per cent of these patients again attended the casualty department after self-poisoning. Over the next three years, 11 people (1 per cent) died and received a coroner's verdict of suicide or an open verdict.

Journal of the Royal College of General Practitioners 1991;25:218-222

Inhaled steroids recommended early in mild asthma

The guidelines of the British Thoracic Society recommend that people with asthma should use inhaled steroids if a beta-agonist is needed more than once daily or if night-time symptoms are present. Evidence from the USA suggests that the early introduction of inhaled steroids — from the time of diagnosis of mild asthma — may be more effective.

Budesonide 600mg twice daily and terbutaline 375mcg twice daily were compared over two years in 100 people in whom asthma had been diagnosed within the previous year; these were the first and only regular medications used. Lung function, indicated by forced expiratory volume in one second (FEV₁), and bronchial hyperresponsiveness improved significantly with the steroid; there was no such change with terbutaline, after which FEV₁ decreased. Treatment with budesonide also reduced asthma symptoms and the need for *ad hoc* doses of terbutaline and increased peak expiratory flow rate. More patients

withdrew from treatment and more required additional theophylline and prednisolone after terbutaline than after budesonide.

This study does not confirm recent reports that regular treatment with beta agonists exacerbate bronchial hyperresponsiveness but terbutaline fared poorly by comparison with budesonide. This study strengthens the argument for regular steroids therapy early in asthma.

New England Journal of Medicine 1991;325:388-92

Asthma and Munchausen syndrome by proxy

Some patients of children with asthma withhold treatment or misrepresent their child's illness, according to a report from Belgium. This form of Munchausen syndrome by proxy was found in 17 of 1,648 families seen by paediatricians and psychiatrists in a three-year period.

In ten cases, the parents undertreated their children by not giving adequate medication during an acute attack or not giving sufficient preventative treatment. Checks on plasma theophylline levels confirmed that no drug had been given in several cases and seven of these families claimed they had been avoiding known allergens when they had not. Investigation of family histories revealed that at least one parent had suffered a chronic medical problem as a child and that several siblings were also affected; in six cases, the mother was clinically depressed.

A further seven families behaved as if they wanted the child to be ill permanently; the symptoms were exaggerated or falsified and inappropriate treatment demanded. Five children subsequently underwent potentially harmful

but useless clinical investigation as a result. Again, asthma had been common among the parents when children and five of the mothers were clinically depressed.

This unusual form of child abuse should be recognised early, say the authors, to prevent the medical services becoming unwitting collaborators. Compliance should be checked in both child and parent, they suggest.

Archives of Disease in Childhood 1991;66:956-60



Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at current developments in medicine.

TWO TASTY LITTLE EARNERS FROM STOPPERS

More and more people are going to be asking you for Stoppers.

That's because we've introduced two new flavours to make giving up smoking even more pleasant on the taste buds.

Stoppers are now available in Original, Chocolate Orange and Peppermint. Whatever the flavour, each tiny lozenge contains just enough nicotine to ease the craving for a cigarette, but none of the harmful resins or tar.

And we're supporting the launch of the new flavours with a brand new advertising campaign in the national press.

At just £2.03 for 30, they're good value for your customers – and great business for you.



SEE US ON STAND
G26 AT CHEMEX



ORIGINAL



CHOCOLATE ORANGE



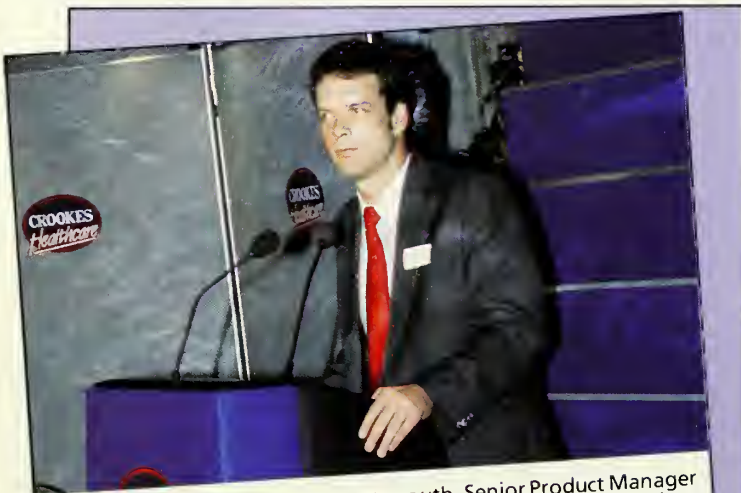
PEPPERMINT

CPL

Charwell Pharmaceuticals Limited,
Charwell House, Wilsom Road,
Alton, Hampshire GU34 2TJ.
Telephone: (0420) 84801
Fax: (0420) 89376

STOPPERS. GIVING UP WITH TASTE.

Setting the standards in cold care



In a recent interview, Andrew Portsmouth, Senior Product Manager for Crookes Healthcare's portfolio of coldcare products, examines the selling techniques which are now on offer to help the pharmacist and his staff in the Winter coldcare season ahead.

Why should the pharmacist take note of this OTC market sector?

Let's look at the coldcare facts which paint a convincing picture. For a start, 17 per cent of certified incapacity for work in the UK is caused by respiratory infections such as colds and sore throats. And when they come down with the symptoms, 65 per cent or more of consumers will seek the pharmacists' advice on coldcare remedies and 95 per cent then go on to take up his recommendation. With continued changes afoot in retailing, this presents pharmacists with an enviable position which they should take note of and consolidate. And finally, as a market it has continued to show remarkable growth, despite the economic recession, and so holds many opportunities for the pharmacist. When it comes to a family's health, your customers want the most appropriate and efficacious product available and price is not as influencing a factor as it is in other markets.

How does advertising help the pharmacist?

To begin with, it increases demand in the short term while the advertising is on television, but it also creates demand in the long term as well. Because the public are more aware of an advertised product, the advertising can still be influencing them to buy the product later on, out of season. Nowhere is this more evident than in the colds and sore throats market where the Winter months are seen as the peak sales period. Some 60 per cent of coldcare medicines are bought then, but the remaining 40 per cent are purchased "out of season" between April and September. Clearly then, these products sell well all the year round, and they need to be displayed well throughout the year in consequence.

What do you mean by a good display?

Simply one where the public can easily find the brand they want. The cartons should be faced forwards and segregated by product category. It is not just more attractive and easier to maintain, it will also work harder for the pharmacist as well. After all, how often have you been shopping when it is only on seeing a product that you remember you needed to buy it. Then remember that coldcare sales will happen throughout the year so ensure there is a good year round display to prompt consumer purchase in your outlet. And remember too that it is vital to increase display space during those peaks in sales or when advertising is running, to take full advantage of the increase in demand.

Which retail market sector recorded a growth of 18.6 per cent in the last year despite marked seasonality in sales, is one of the most dynamic and rewarding areas to operate in, responds well to the application of current marketing and sales techniques, and is consistently supported by advertising? Surprisingly, a sector where, until quite recently, impactful merchandising had not been a priority and in which sophisticated sales and marketing techniques have only recently been brought to bear.

Having said that, the combined throat remedy and cold/decongestant sector of the total defined OTC medicines market has witnessed great change in the past decade, fuelled largely by manufacturers such as Crookes Healthcare who continue to ensure that products are in line with consumer expectations and then commit themselves to them fully with advertising and promotion. As a

result, the combined throat and cold/decongestant sectors are worth in the region of £130 million. Last year they grew by over 18 per cent and in so doing, outperformed the entire OTC market, which is currently worth £308.2m.

Growth is accounted for by the fact that the General Sales List (GSL) is much more advanced in the UK compared to other EC countries, with a greater range of products in coldcare remedies for consumers to choose from. This is a reaction to consumer demand as your customers are now more inclined to self-medicate than ever before and, as a result, are likely to purchase over the counter medications such as Strepsils and Karvol for up to six cold conditions per person in the home each Winter.

Against this impressive backdrop, Crookes Healthcare are committed to brand leadership in every sector in which they operate and expose their coldcare brands to heavy



television advertising. In fact, of all brands in this sector, Strepsils and Karvol receive some of the heaviest advertising spending in support of pharmacists at a grass roots level which is achieved by reminding consumers of the brands' performance, efficacy and reliability. Demand is built, therefore, at key times of the coldcare season. But demand does not always translate into actual sales.

One of the greatest mistakes that can be made at point of sale is to assume that a product can sell itself. It is, in fact, at point of sale that a manufacturer's mix of sales and marketing techniques is put to the test. All too often the pharmacist does not take advantage of the commitment which is placed behind a brand and so everyone loses out on increased business. Certainly advertising and promotion fulfil their roles by creating awareness, but if the public cannot see the product on pharmacists' shelves the opportunity to convert this demand into a sale can be lost.

Second siting works!

First of all, support the top lines, comments Andrew Portsmouth. By that I mean those that sell the most and are advertised nationally. Ensure a good display and good siting into the bargain, to maximise sales from the established demand. Surprisingly, just seven brands account for nearly half the sore throat remedy market and just three brands account for 90 per cent of all paediatric decongestant sales. This should also be a guide to the ones a pharmacist should stock.

There is also a direct correlation between advertising and rate of sale. In the past nearly one in six pharmacies have run out of stock of Strepsils on display when national TV advertising was run. It is wise to ensure second siting for advertised products during key periods such as the cold care season over the next six months.



Crookes Healthcare conducted a recent trial exercise in which Karvol second siting was established on the baby care fixture with both 10s and 20s packs displayed over a six week period. During this period, the trial sized 10s sales volume increased by 75 per cent. New mothers were therefore clearly prompted to sample Karvol while other loyal users were prompted to put some in the medicine cabinet as a precautionary measure.

Winter coldcare from Crookes Healthcare

Three of the coldcare brand leaders can be found in the Crookes Healthcare portfolio. Strepsils medicated sore throat lozenges, Karvol nasal decongestants and the Dequa range of Dequacaine and Dequadin are essential to the success of the coldcare fixture this year. It would be impossible to rearrange fixtures every time a leading coldcare brand is advertised, and that is why the company's special display units come in handy as they can be sited on the counter over the advertised period in addition to normal displays. The company has the following advice for pharmacists for successful presentation of Strepsils, Karvol and the Dequa range in the Winter months ahead:

- Strepsils medicated sore throat lozenges is the first sore throat treatment that consumers are likely to reach for. In addition to the two antibacterials in Strepsils for fighting a wide range of the bacteria which are known to cause sore throats, Strepsils are available in a range of four variants — Original, Honey and Lemon, Vitamin C and Menthol and Eucalyptus. Make sure you have the full range stocked as they have been specially formulated for different types of sore throat needs.

- For serious dosers, stock the Dequa range of Dequacaine and Dequadin. Seen as the last resort medicine before going to see the GP, the Dequa range only contains modern actives noted for their high efficacy. Dequalinium Chloride is a potent antibacterial and both Dequacaine and Dequadin contain the highest dose possible over the counter in the UK. In addition, Dequacaine also contains the highly effective local anaesthetic Benzocaine to relieve the pain of severe sore throat conditions.

Stocking the complete Dequa range means increased exposure to consumers known to prefer a choice of products and formulations.

- Now that Karvol has a GSL

licence, it is important to take advantage of the different pack sizes and ensure that 10s and 20s packs are sited together. New users prompted to trial by advertising and improved

display in-store on baby care fixtures will be attracted to the 10s pack whereas 20s are ideal for loyal users familiar with the brand and their family's coldcare needs.



Service for the pharmacist to the last!

In order to encourage pharmacists and their assistants to reap the profits of improved coldcare display, Crookes will be announcing a major display incentive this winter in which £55,000 worth of cash prizes can be won, simply by helping pharmacists to improve their coldcare business. Crookes Healthcare representatives will be out in the field over the next month to tell you more about this very attractive promotion. Yet again, the company is demonstrating its commitment to setting standards in the coldcare fixture for better business in the months ahead.



CLOCKWORK ORANGE

regular customers,
regular sales!



When customers come to you for advice on relieving the discomfort of their constipation, they may well expect you to recommend a laxative. But most simple constipation is caused by a lack of fibre in the diet. Doesn't it make sense then, to recommend that they relieve their constipation by increasing the amount of fibre they eat?

Unfortunately, many people may be unwilling or unable to change

their diets to include more high fibre foods. This is where you can help, by recommending fibre in a glass — Fybogel Orange.

Because it contains Ispaghula husk, Fybogel Orange can help to replace the fibre missing from so many modern diets, easing the discomfort of constipation and restoring regularity. Fybogel Orange is a convenient, palatable drink, flavoured with natural orange. A natural choice for the management of constipation.

Fybogel Orange

Ispaghula husk BP

A GENTLE START TO NATURAL REGULARITY

PRODUCT INFORMATION FOR PHARMACY RECOMMENDATION: FYBOGEL. **Active Ingredients:** each sachet contains 35g Ispaghula husk B.P. **Indications:** constipation, conditions requiring a high fibre regimen. **Contra-indications:** Fybogel is contraindicated in cases of intestinal obstruction and colonic atony. **Dosage and administration:** (to be taken in water) Adults and children over 12: one sachet morning and evening. Children 6-12: half to one 5ml spoonful, depending on size and age, morning and evening. Children under 6: consult your doctor. **Retail price:** at December '90 7 sachets 99p, 10 sachets £1.22. Product Licence nos. Fybogel Orange 44/0068, Fybogel 44/0041. Fybogel is a trade mark. Further information and display material is available on request from Reckitt & Colman Products, Hull, HU8 7DS, U.K.



Practice and practicality

One session at the BPC is devoted to debates on topical issues. The Royal Pharmaceutical Society's Council is obliged to consider further action on motions that are passed

"This conference believes that the current balance between consideration of cost and the quality of life for the patient when making a decision on prescribing is inappropriate."



Proposer: Mrs Elaine Bartlett, chairman, community services pharmacists group, Birmingham. Two different types of care homes are registered under the Registered Homes Act 1984. A residential home provides board and personal care. Its staff have no medical training and it is registered by the local authority. A nursing home provides 24 hour nursing care, and can encompass anything from an acute private hospital to a convalescent home. It is inspected and registered by the district health authority.

Between these two comes dual registration — a term not actually used in the Act but a convenient way of describing the separate processes which enable one home to register as both a residential care home and a nursing home. This excellent concept, said Mrs Bartlett, means elderly residents can remain in the place they have come to recognise as home when they can no longer effectively be cared for by community health services.

At present, contractor pharmacists cannot be paid for providing services to nursing homes. A home which becomes dually registered takes on registered nurses and fulfils the requirements of the DHA, and the frailter "residents" become "patients". It has been well served by its local community pharmacist. Even though some may now be under a hospital consultant, they are still being cared for.

It is invidious to distinguish between residents and those who are patients, argued Mrs Bartlett. Is the pharmacist going to stop offering advice and reviewing medication because

the client is now a "patient"? The contract should be renegotiated to include nursing home patients, she said.

Mrs Bartlett dismissed the suggestion that nursing care is like that in an acute hospital, and that it would be beyond the competence of a community pharmacist to provide a ward clinical service. "If some pharmacists need their clinical skills updating then so be it — it is a matter of education and training," she said. And community pharmacists have access to information services and the assistance of the community services pharmacist on health authority procedures.



Against: Mr Laurence Goldberg, DPHO, Salford and Trafford Health Authorities.

Health care workers in nursing homes face conditions ranging from AIDS to intractable pain. Parenteral nutrition and chemotherapy represent everyday activity in the modern nursing home. Such homes may be licensed to carry out routine day surgery, abortions or care of the terminally ill, said Mr Goldberg.

Residential homes are a different challenge. The residents are not sick and suffer nothing more complicated than the man in the street. Treatment regimens are uncomplicated and are familiar territory for the community pharmacist, he said.

The provision of services to nursing homes must parallel the state of the art services offered in hospitals. Is the community pharmacist adequately trained, sufficiently resourced or genuinely motivated to tackle

therapeutic problems, provide a 24 hour service and make regular nursing home visits? he asked.

"Supporting the motion will thrust the untrained community pharmacist into uncharted waters where he may struggle to the detriment of patients," he warned.

The debate

Jeffrey Max (chairman Liverpool LPC) took strong exception to the suggestion that community pharmacists were not up to the job and lacked motivation. A number already provide such services and there is no reason why they should not continue to do so, he said. Ian Simpson (Oxford) called for the acute

private hospital to be placed in a separate category. The community pharmacist was best placed to provide service support for the remainder, he said.

Robert Leech (Grange-over-Sands) pointed out that in Scotland all types of nursing homes can receive the same service from the contractor pharmacist. He suggested a regular clinically orientated service should be a separate remuneration agreement.

Ruth Stone (London) said the motion had served to highlight the problems acute private hospitals can face. "It is something the Association of Private Hospital Pharmacists has been fighting against for years.

The motion was carried.

"This conference believes that the right to practise as a pharmacist should be subject to periodic mandatory assessment of competence to practice."



For: Professor Paul Spencer, Head of the Welsh School of Pharmacy.

Professor Paul Spencer said that put bluntly, the motion called for every pharmacist, perhaps every five years, to subject themselves to having their skills checked against a prescribed minimum performance. Only if the pharmacist was judged to have reached these standards would they be permitted to practise.

He quoted the dramatic changes seen by the profession due to developments in the pharmaceutical sciences. "If the pharmacist, whether he practises, is to remain the drug expert, then his scientific knowledge and professional skills must be maintained, so that he not only keeps pace with that technological advance but is actually a part of it," he said.

Currently, the participation rate in continuing education was less than 20 per cent, said Professor Spencer. The Society's Council had refused to make continuing education mandatory but had decided instead to look at competency. Professor Spencer believed this was because there was no guarantee that attending continuing education courses would increase skills, and the focus of efforts should be on improving and widening the pharmacist's ability.

The working party on continuing education had finally proposed: "Competence assessment linked to the holding

of a practical certificate should be introduced from the earliest possible date for all newly registered pharmacists.

"At the moment, the profession is giving a very mixed message to other professions and to the public," continued Professor Spencer. "We want to widen our sphere of influence, our sphere of activity. We claim to possess a growing range of skills ensuring that medicines are used effectively and safely. We train to be the drug experts and yet so few of us are willing to maintain or improve our skills."

Failure to support the motion, he said, would tell other professions that although pharmacists wanted these new roles, they were reluctant to submit themselves to assessment. "There is no gain to the profession without the pain of continuing education and possible mandatory reassessment of skills," he said.

Against: John Cromarty, director of post qualification education for pharmacists in Scotland.

John Cromarty, expressing his personal views, described the idea of mandatory assessment of competence to practise as "ill conceived, burdensome, unhelpful, unjustified and almost unprecedented." It was about as practical and popular as the poll tax.

The move would require new legislation and an enormous cost and effort. The Working Party, which had proposed the assessment, had been beguiled by bureaucracy, he said. Mandatory assessment of competence to practise is an exercise in quality control, he went on, when what is needed is an exercise in quality assurance. "If we want to assure the public of the quality of the service we offer then we need to look at the whole production process that leads to the pharmacist, not just the end product."

Mr Cromarty disputed Professor Spencer's claims that the uptake of continuing education was poor, adding that the PQE in Scotland had

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John Cromarty

increased participation in continuing education courses by 35 per cent. "What we need is not to test competence, but to help pharmacists to achieve and maintain their competence through the establishment of effective education and training. Competence assessment alone is doomed to failure," he said.

Mr Cromarty asked the delegates whether assessment of competence posed more problems than it answered. "Can we assume that we know what it is we want to assess, and in whom?"

The Code of Ethics already states that a pharmacist should keep abreast of development in their particular field of the profession, Mr Cromarty explained. He urged rejection of the motion which, he said, implied that the profession and indeed, the Society, ignores its own Code of Ethics.

Debate

Opening the debate, a governor of the College of Pharmacy Practice, Miall James, said he was frightened by the thought that any professional could carry on practising throughout their working lives without any further assessment. "Are we entirely happy with a situation in which a GP can leave his education and need never go near any form of continuing education again?" he asked.

Roger Mills (Slough) urged delegates to reject the motion which he described as "a can of worms". Pharmacy is a practical profession, he said, and there were many practical problems with the motion. Shropshire's Helen Rowland-Jones also questioned whether the motion meant testing a pharmacist's competence to dispense regardless of the area they worked in.

Past president Marion Rawlings told Conference that she was against mandatory continuing education but what she wanted to say was: "Prove to yourself and your peers that you are fit to practise."

Newly registered pharmacists were being targeted initially because they will then come into the profession with an understanding that they will be required, throughout their professional lives, to show they were competent to practise, she said. "This must be accepted as

part of the yoke of discipline that we accept when we become pharmacists in the first place." Christine Glover from Edinburgh supported Mr Cromarty's stand against the motion.

"What we have to aim at is continuing education and a market driven situation," she said. "If you are a good pharmacist, are competent and have a good business, people will come back to you." Pharmacists who discover they have a shortcoming in any particular

areas should have access to continuing education to be able to put those shortcomings right.

Claire Anderson, a lecturer at King's College in London, pointed out that it was important to measure the uptake of continuing education rather than just attendance at courses. Distance learning was there for those who could not attend, she said, but until this was widely available, the profession should not start to think about mandatory assessments.

Council member Michael Burden also voiced support for continuing education but said that mandatory competency assessments were not the way forward. Another speaker asked if he could apply for the job of managing the two new registers which this motion would mean — one for those pharmacists judged competent to practise and another for those, such as academics, who did not need to be tested.

The motion was lost.

"This conference believes that the current balance between consideration of cost and the quality of life for the patient when making a decision on prescribing is inappropriate."



For: Dr Nick Barber, School of Pharmacy, University of London. The profession has lost the balance between cost saving and the patient's quality of life, believes Dr Barber.

In the community, GPs had the balance tipped too far towards quality of life, he said, with costs only recently impinging on prescribing habits, while in hospital the balance was too far the other way. Doctors and pharmacists were working together to ensure that prescribing was safe, effective and economic. However, where there was a wish to keep costs down there had to be a point where this aim clashed with the interests of the individual.

There were a number of reasons why undesirable decisions on medication were being taken, he explained, including the fact that current trends are towards cutting costs. Pharmacists were also trying to avoid rationing.

"We will get to a stage where the quality of what we are providing is so low that it may almost not be there. When we get to that stage there is a real risk of a two tier health system where patients will say 'I want tablet A. I want to pay an extra £2 a day for that nice shiny drug over there which gives me a better quality of life'." Dr Barber told the Conference. However, hospital pharmacy managers have lost touch with the patients, he continued. A poll in his region showed that out of 20 managers only three visited the wards regularly.

The situation was complicated by the fact that quality of life is not a black and white issue. It is a grey area that needs to be tackled, he said.

As a profession, pharmacists needed to recognise the conflict between cost saving for the organisation and the quality of life for the patient.



Against: Jonathon Cooke, district pharmaceutical officer, South Manchester Health Authority.

"The key to the debate," said Jonathon Cooke, "is the balance between the investment in the costs of our medicines and how we realistically expect them to perform." Too much emphasis on investment would bring unopposed and profligate promotion and use of the latest "wonder drug". There is, he said, a need to question the large number of similar drugs available. The UK market has over 6,000 different products. "Do we really need so many?"

Many hospitals with formularies have succeeded in reducing the number of products they use to around 700, he continued. "If specialists and experts in hospitals choose to use only a fraction of the drugs that are available why should GPs use more?"

On the other hand, he said, too little investment in medicines could lead to patients not benefiting from those compounds pioneered by the pharmaceutical industry, said Mr Cooke.

"Balance is the key," he said. "The application of clinical pharmacy skills, drug information services, the scrutinising and validation of published literature and well developed formulary systems will be able to provide treatment protocols for medicines which have been agreed by a consensus group of professions." Auditing

the outcome in clinical practice will further define the value of these medicines and confirm their precise place in the treatment of disease, he said.

Turning to quality of life, Mr Cooke said that how a person felt depended on many things although health economists had devised indices to determine life quality. The problem was meeting some form of consensus in assessment. "Until we can measure this elusive phenomenon with universal agreement, any question regarding the appropriateness of the balance between cost and quality of life is not proven and therefore the *status quo* should be maintained," he said.

Debate

Council member Michael Burden expressed his personal view that despite the existence of procedures and policies, patients had to be treated as individuals. Bureaucracy, he continued, is a way of dealing with the majority of incidents simply and predictably, allowing time to deal with exceptions.

Drummond Forbes (Bristol), asked: "Where is the argument as to why costs should not go up to improve the quality of life?" Patients always expect to be treated in the best possible way, he said. "If you see it from the patient's view, there is no way that you can support cutting costs," he said.

Miall James, a CPP governor, reminded Conference of the often used phrase "to know the cost of everything and the value of nothing". Pharmacists had received some bad publicity because they were sometimes seen as being too concerned with cutting costs.

Professor Paul Spencer pointed out that too much emphasis on drug costs may lead to an increase in NHS costs, such as those associated with keeping patients in hospital for longer periods of time.

David Evans from Ipswich agreed, saying that the debate had tended to centre around the cost of drugs and not the cost of the treatment and the cost to the nation. This would include not only the cost of the medicine but also the speed of recovery, the rate of return to work, etc.

Andrew Burr, (Mid-Glamorgan FHS) said cost was only one factor in the prescribing decision but it should never be number one. Only if safety, efficacy and appropriateness are all equal then ultimately you must consider costs.

The motion was lost.

'An epidemic of excess medicine'

Elderly patients, an increasingly important client group prescribed up to three times as many drugs as others, were the focus of the community pharmacy session

Old people are prescribed two to three times as many drugs as younger patients, Dr Alistair Main, lecturer in geriatric medicine at Birmingham University, told the Conference.

Since 1977, the number of prescriptions for non-elderly patients has fallen slightly but it has risen by 27 per cent in the elderly. "Add to this an increasing trend to buy OTC medicines and we have a worsening epidemic of excess medicine taking in older patients," he said.

The trend towards polypharmacy has important implications for the number of adverse drug reactions (ADRs) suffered by elderly patients, explained Dr Main. The incidence of ADRs is probably related to the number of drugs taken, rising from about 10 per cent in hospital patients on one drug to 25 per cent in people on six drugs.

Good communication and education to ensure safe taking of medicines is a complex issue, he said. "Perhaps the most important question is to decide whether the patient is capable at all and if not, who will

supervise medication at home."

Dr Main continued: "Major obstacles to safe and correct drug prescribing result from human frailty, principally in the doctor, pharmacist and the patient." Overprescribing, poor review and assessment by doctors were described in a recent national survey. It was also found that 40 per cent of repeat prescriptions had not been reviewed in the previous six months.

One solution, said Dr Main, was to limit the number of drugs available. However, he added, the Limited List, which applied only to certain categories, had had little effect on reducing prescription numbers. "Many hospitals have limited lists but so far in the community, commercial pressures and the rules of 'engagement' between general medical practitioners and community pharmacists have failed to allow this issue to be addressed."

Many GPs feel that poor communication between them and hospitals is a major source of confusion about drugs. Problems such as discharge letters going missing and the

"arbitrary" stopping of drugs in hospital is often encountered.

One of the more promising areas, said Dr Main, was pre-discharge self-administration of drugs and the testing of understanding by hospital pharmacists. This involved counselling by pharmacists and self-medication schemes which utilised written instructions, illustrations of tablet shapes and "user-friendly" containers.



Dr Alistair Main

Drug side-effects in 2,000 geriatric inpatients

Drug group	Number of prescriptions (per cent)	Percentage of patients with side-effects
Diuretics	747 (38)	8
Analgesics and antipyretics	548 (27)	5
Antidepressants and tranquillisers	473 (24)	13
Hypnotics, sedatives and anticonvulsants	444 (22)	7
Digitalis	401 (20)	11.5
Hypotensives	107 (5)	13
Antiparkinson	100 (5)	13



Edith Halliday, Leeds Branch chairman (left) and Betty Montgomery (Glasgow) discuss community pharmacists' attitudes to cholesterol screening with Birmingham preregistration student Annette Ranscombe at the practice research poster session

Treat older people as individuals

The response to the needs of older people should not be on the basis of their age but on the basis of what they, as citizens, have a right to expect.

This was the message from Barbara Meredith, information and policy officer for Age Concern England.

"The expectations of older people, their families, those who work with them, and society at large, should be that they have access to appropriate help and support," she said.

The White Paper "Caring for people" and the NHS and Community Care Act 1990 have created many new opportunities. "Both health and local authorities are charged with assessing their populations' needs and with producing plans for health and personal social services." However, changes had put these services under great pressures, she said.



Barbara Meredith, Age Concern

"The quality and quantity of service provision for older people in any one area will reflect not only society's attitudes and priorities but also local circumstances and, perhaps, the influence of local professionals and others with a particular interest in working with older people."

Ms Meredith told the Conference that evidence existed of many kinds of discrimination against older people, fed by an underlying "ageist" image of what it means to be old. People who expect older people to have

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worsening health or a decline in their faculties may not have a positive approach to coping with physical and mental change, she explained.

Popular images reinforce the thought that getting old means loss of, or declining abilities. Many elderly people may therefore avoid professional care, because they see their problems as the inevitable results of getting old.

"Problems can arise in communication, with the elderly person becoming excluded from decisions about his or her health and lifestyle," said Ms Meredith.

Expectations about what is "acceptable" or "normal" in old age create difficulties for older people, including reduced expectations where sufferers remain sufferers because they feel they are not worthy of attention, do not want to bother others, or do not know that a proper diagnosis could lead to treatment of the problem. In addition, those who

do take the plunge may experience the "you'll just have to get used to it" attitude, or comments like "what do you expect at your age".

A great deal of work has been done in recent years to promote better understanding of how care in homes should be geared to the needs of residents, said Ms Meredith. She quoted the work done by the Royal Pharmaceutical Society and Age Concern on guidelines to help home managers develop better working practices in the control and administration of drugs, ultimately enabling residents to control their own medicine use wherever possible.

The emphasis of caring for elderly people should be on the whole person not just their condition or complaint, Ms Meredith concluded.

While elderly people are as diverse a group as any other in society they have some elements of life in common — they are nearing the end of their lives, are likely to face losses, and are statistically more likely to need medical and social services.

Provide care to the elderly on the basis of need

Community pharmacists, working with other health and social care workers, are in an excellent position to respond to the challenge of providing appropriate individual pharmaceutical care to an elderly person, on a need basis.

This was the Conference message from Mary Tompkins, principal pharmacist (priority care and community liaison) North East Thames Regional Health Authority.

The "traditional" role of the pharmacist in caring for the elderly involved appropriate labelling, provision of information, recognition of special needs such as easy-to-open bottle caps, and referral,

when needed, to other agencies.

The "developing" role was being helped by the advent of payment for services independent of dispensing, Miss Tompkins continued. There was a particular need to ensure effective communication between the many agencies and authorities involved in community care and to allow for local flexibility.

Other developing aspects of pharmaceutical care in residential homes included:

- Medication review between GPs, pharmacists, carer and resident;
- Advice and information to residents on the use of their own prescribed medicines;
- Assistance where residents or their families are purchasing inappropriate medicines;
- Training of care staff;
- Highlighting problems where medicines are being prescribed by more than one prescriber.

As an elderly person may be receiving services from both primary and secondary healthcare and be in contact with social services, it is important to have accurate information on current medication, she said, advocating that pharmacists were arguably in the best position to provide this information.

It was also important to consider domiciliary visits for house bound patients without relatives or carers to collect their medicine, said Miss Tompkins. Research had showed that 60 per cent of GPs in one survey supported community pharmacist's involvement in improving compliance of house bound patients. More should be done to implement the Royal Pharmaceutical Society's policy on domiciliary services.

Government fudges effective prescribing issue

Economic prescribing can be viewed from a number of perspectives, as speakers in the hospital pharmacy session demonstrated

The Government appears to be fudging the issue of effective prescribing, according to Professor A. Maynard of the Centre for Health Economics, University of York.

"If the Government wishes to use resources efficiently, it should require the industry to produce cost-utility data and oblige purchasers to ensure providers prescribe efficiently," he told the Conference.

There appears to be some confusion in the NHS reforms in relations to GP and hospital prescribing, he said. The Working Party on indicative budgets had talked of downward pressure on drug expenditure, while in reality this had been "watered down" by measures to ensure patients will always get the drugs they need.

Professor Maynard pointed out a number of potential pitfalls in attempting to introduce efficient prescribing. The new GP contract, which encourages health promotion and screening, will result in more patients being treated and a rise in prescribing costs, he said.

"Innovations such as PACT, which provides GPs with cost data but simplistic responses to financial data, are inefficient," he continued. Both costs and benefits need to be weighed in deciding what treatment to be given to patients. The narrow use of drug costs may prove inappropriate, for example, a cheap drug may generate other costs for the healthcare system such as side effects which may prove costly to treat.

Another potential problem is that investments in using drugs



Professor Alan Maynard

During the following debate it emerged that pharmacy had some strong allies for their care of the elderly.

John Fairfax of the Pharmacy Guild in Australia, applauded the panel's support for community pharmacists in caring for the elderly. However, it is not good enough to ask pharmacists to prove themselves before asking for payment. To do the extra work properly, they need to be paid for their time, he thought.

RPSGB president David Coleman asked about the pharmacist's role in helping elderly patients stay healthy. Ms Meredith said that preconceived ideas of ageism meant that many people thought that health education was less relevant for the elderly. "But if patients visit a pharmacy regularly, how much effort is made to unpick what is behind a particular need?" she asked. Dr Main said that pharmacists had a lot to tell doctors which could help improve the health of the elderly and they should be involved in their education.

Another delegate raised the

point of poor communication between hospital and community pharmacists. The trend towards registering patients with a particular pharmacy could be an important step forward, agreed Dr Main.

Tim Astill, (NPA) asked the panel to be virulent in getting pharmacists involved in the prescribing of medicines. The sooner some GPs realised that was an alternative source of drug information to drug company representatives, the better, he said.

In replying, Dr Main highlighted what he called the "conspiracy of silence". Patients approach their pharmacist for advice on what their doctor had prescribed, but were reluctant to tell their doctors they had done this.

Gill Hawksworth (Huddersfield) and Malcolm Steward (Derby) both wanted greater liaison between doctors and pharmacists. Dr Main pointed out that when he visited his local pharmacy he did not often have a feeling of being in direct contact with the pharmacist.



now produces benefits in the future, for example the prophylactic use of tamoxifen to prevent breast cancer in high risk women. "If decisions are based on costs and benefits short term, rather than over decades, and discontinued to take account of the time preference, the wrong choice may be made." Professor also made the point that an expensive regimen in hospital may produce savings outside the hospital.

The sting in the tail was the Pharmaceutical Price Regulation Scheme (PPRS), he continued. "If drug savings are induced by PACT, formularies and indicative budgets, the profits of pharmaceutical companies will be reduced. The PPRS compensates for these losses by permitting the companies to increase prices.

"The consequence of the PPRS may be that financial savings from greater economy by GPs and pharmacists will be eroded," he explained. "Drug treatments may be more effective if therapies are better directed by research findings and more precise GP targeting of treatment, but the financial savings may be illusory.

For those seeking efficiency in medical practice it is to be hoped that the Government and its "economisers" shift the margin of policy towards more effective prescribing and illuminate clearly the levels of industry subsidisation, concluded Professor Maynard.

Formularies 'increasingly important'

Formularies and prescribing guides are likely to become an increasingly important part of clinical practice in the future, according to Professor Barnett, Leicester Royal Infirmary. However, he warned that new initiatives within the NHS must enhance rather than detract from the move towards safer and more cost effective prescribing.

Patients seem to expect a consultation to conclude with the provision of some medicine. "Despite this, the major catalyst for change in prescribing habits has been economic rather than therapeutic," explained Professor Barnett.

Local formularies have two main objectives, educational and cost saving. A large proportion of the 200 drug and therapeutic committees (DTCs) in the UK produce some form of hospital formulary.

"The success of a local formulary will depend on the extent to which there is a consensus among prescribers to follow the recommendations, which in turn depends on how much local clinicians have been involved in the production of the recommended list of drugs," said Professor Barnett.

The Leicestershire Prescribing Guide (LPG), first published in 1985, divides drugs

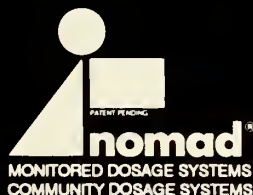
into three categories — recommended, alternative and those for specific indications. It provides information on dosages, indications, contra-indications, ADRs and cost.

Overall compliance with the Guide is good. Cost savings have been realised through a decreased range of stock held and through more effective "buying power" in bulk purchasing, said Professor Barnett. Some companies were even prepared to offer medicines at a loss with a view to recouping profits from increased sales in the community following the Guide's indirect endorsement.



Miss Susan Pergrum (left) from Wrexham explains a compliance touch labelling system to Mr Darrell Baker (Cardiff). The system was developed by a colleague Carol Martin and utilises embossed labels. For details of the system phone Wrexham Maelor Hospital 0978 291100 ext 5599.

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A challenge for the future

At the end of the 21st century GPs will no more prescribe medicines than do their own chiropody or physiotherapy, and the pharmacist will increasingly be a prescriber and counsellor on the basis of locally agreed protocols. Transmission of information between the GP, pharmacist, the FHSA and the PPA will be paperless.

This is the vision of the regional pharmaceutical officer for the North Western Regional Health Authority, Dr Victor Standing, who addressed delegates at the hospital pharmacy session.

"Much discussion currently takes place about dispensing doctors. In the 21st century the debate will centre around the question of the prescribing pharmacist," said Dr Standing. "I challenge all clinical pharmacists throughout the profession, whether working in primary or secondary healthcare, to make this hypothesis a practical reality in the interests of patient care."

Because of weaknesses in the present system there is a need for hospital pharmacy to put its house in order, he said. "Clinical pharmacy services remain improperly developed overall. Formularies are not implemented and monitored with the necessary energy."

Pharmacy's first target is to demonstrate value for money and proper accountability to

support those changes necessary for the profession to deliver genuine innovations to the patients who need them, said Dr Standing. The NHS and Community Care Act 1990 offered many opportunities, including the bringing together of responsibility for medicine expenditure overall at the regional health authority level.

The pharmaceutical industry is the key determinant of medicine usage now and in the next century, said Dr Standing. "There will always be a conflict of interest between the industry and its market, the NHS, on issues of value for money. But where innovations are demonstrably necessary to provide major improvements in patient care, there is commonality of purpose and the need for a corporate approach. 'Us and them' posturing will not provide a satisfactory way forward in the 21st century," he said.

The industry should work closer with health professionals, managers and planners to provide the tools necessary to pursue common aims and objectives.

Looking to the future, Dr Standing said he did not have the answers but he posed the following questions:

- "How do we move to a position which maximises value for money from existing drug inventories?"
- "Who are the collaborative partners in the process of managing the introduction of new innovations?"
- "Are the innovations affordable? How is affordability to be determined?"
- "What management and financial systems are in place now. How must they change?"

Degree course needs change

The debate on the content and direction of the pharmacy degree course is far from over...

If future pharmacists are to be properly equipped for an industrial career, the pharmacy degree course must undergo substantial improvements, said Ronald Greenwood, managing director of Bios (Consultancy & Contract Research) Ltd.

"The present concentration upon academic excellence is fine if the profession is to be confined to the back-rooms of industry, with perhaps a Nobel laureate if fortune smiles," he told Conference.

"If pharmacists are to return to the forefront of the pharmaceutical industry, they must be able to take up authoritative roles and senior management posts. To do this they need the power that regulatory affairs and management plus pharmacy can give."

When pharmacy courses are seen to offer the necessary training to equip graduates for top jobs rather than the laboratory bench, the profession will attract the managerially, as well as the academically able, Mr Greenwood said.

The future success of industrial pharmacy lies jointly with the schools of pharmacy and the Society with two matters to be addressed: "Firstly, there should be increased recruitment of leadership potential and management ability, as well as that of academic capability."



Ronald Greenwood

Secondly, greater emphasis needs to be given to increasing the authority of the pharmacist in the practice of his profession."

Graduates should be provided with practical skills in pharmacological or pharmaceutical, analytical and development sciences plus quality assurance, regulatory affairs and management, he said. "A working knowledge of strategic thinking and planning, critical path methodology, financial management, senior/subordinate relationships, legal and behavioural studies, personnel management, and sales and marketing are relevant to senior management and boardroom appointments."

The situation was also relevant to the current generation of practitioners, Mr Greenwood added. "We must actively seek management expertise and equip ourselves with the necessary skills to reach and take senior management appointments in industry and hospital administration which will place pharmacy at the sharp end of business as well as academic excellence."

Develop the expertise on the job

Industry needs pharmacists with a breadth of background knowledge and understanding but it does not expect them to be experts when they arrive.

John Hunt, Glaxo's head of risk management, believes pharmacists coming into industry will develop expertise with the help of colleagues and specialised resources. "The breadth of the pharmacy degree and the understanding of certain basic principles are only the foundations of their career in the industry."

Judging from reports within Glaxo, the company is generally well satisfied with the quality of its pharmacy graduates, said Mr Hunt. Of the employees of the British pharmaceutical industry, 42 per cent are graduates but only 1,500 of these are pharmacists.

Although the numbers are small, pharmacists are well distributed throughout industry and have influence at senior

levels, he said. In a recent survey, almost 60 per cent of pharmacists occupied positions of departmental manager or above. And almost all major pharmaceutical companies have a pharmacist board member influencing policy.

In the areas of marketing and general management, pharmacists need to understand the chain of events from a patient experiencing symptoms through to prescribing and dispensing and also have an understanding of compliance and safety.

"Pharmacists in general management need to develop skills in getting the best out of people and ensuring effective and harmonious working," Mr Hunt went on. "The facilities to engender positive attitudes are invaluable and some knowledge of social and behavioural sciences is clearly valuable, as is the development of communication skills."



John Hunt, Glaxo's head of risk management



Degree is educational preparation, not a training course

The pharmacy undergraduate degree is an educational preparation for a professional career, not a training course, Professor Sandy Florence, dean of the School of Pharmacy, University of London reminded Conference.

"Degrees in pharmacy are the basis for entry into all branches of the profession," he said, so it was important that the degree retained its relevant science base and the special needs of pharmacists were not neglected.

"Increasing practice orientation should enhance the value of the degree for industry, provided that those in charge recognise industrial practice. The appointment of some industrial teacher practitioners might assist in maintaining the appropriate balance," he said.

In a three year course it was not possible, nor was it the aim, to produce graduates with skills to suit all branches of the profession, Professor Florence explained. He described many of the current changes as "sensible" but warned of a danger that the pendulum may swing too far and the needs of industry be neglected.

"Nuffield recognised the professional qualities of the pharmacist in industry. This is something which must be maintained," he said. The School of Pharmacy, University of London, introduced a four year MPharm degree targeted at industry because it believed there was a need to enhance the training and education of a

small number of students.

During the first stages, the course encompassed the BPharm degree so it incorporates those elements valuable for the pharmacist. "The specialist year allows these embryonic pharmacists to study a subject or several subjects in depth," he explained.

"Should a four year BPharm degree be introduced then the programme will have to be restructured, but then the RPSGB should begin to allow some diversity within the degree."



Professor Sandy Florence

Recent changes benefit industrial pharmacy

Recent syllabus changes aimed at making pharmacy graduates better able to relate to patients and respond to their needs have been beneficial for industrial practice, said Professor Alain Li Wan Po, the Queen's University of Belfast.

"I would argue that pharmacy courses in the UK still admirably prepare their graduates for industrial practice and that recent developments in pharmacy practice and clinical pharmacy have added to the course in this respect," he said.

Recent developments have been aimed at developing an ability to communicate, put pharmaceutical activities into appropriate social contexts, understand management issues and make decisions.

The traditional components of industrial pharmacy should be retained but a thorough review was required, added Professor Li Wan Po. "Some pharmacy curricula fail to take account of many of the exciting developments in the pharmaceutical sciences which impinge on industrial practice."

One of the strengths of UK

pharmacy courses is the breadth of subject matter, he said. However, there was little opportunity for students to integrate components taught under different subject headings. Product licensing is an area where integrating information is routine, he said. Students may benefit from exercises in the mock presentation of regulatory dossiers.

With respect to teaching, Professor Li Wan Po said there was a case for dissolving traditional subject subdivisions in favour of a departmental teaching board with executive functions. This board would seek the participation of colleagues from different areas of practice. He also criticised what he saw as too much "intellectual arrogance" within academic institutions.

Professor Li Wan Po had no wish to see all pharmacy courses the same. "Diversity of thought ought not only to be tolerated but encouraged," he said. "I believe it is crucial that our students are allowed space for mind games."



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A few home truths come out in discussion sessions, now an established part of the BPC. C&D reports on the more controversial speakers, with topics ranging from advertising to pharmacy standards and Crown Immunity to health promotion in the pharmacy

'Ads can't make people sick!'

Advertising cannot make people buy medicines they do not want or need: they first have to have symptoms that need treatment, says Sheila Kelly. "You can't make people sick through advertising!"

The executive director of the Proprietary Association of Great Britain, in her paper "Advertising and its influence on the choice of medicines", said that it was difficult to persuade people to buy a new product. Janssen research had shown that pharmacists had failed abysmally to translate their alleged support for loperamide, when it transferred from POM to P, into retail sales. It had taken a poster and Press campaign to promote significant sales.

Sheila Kelly said it was too much to expect the pharmacist to affect sales drastically when the bulk of counter sales were made by assistants.

The Society's secretary and registrar John Ferguson asked why advertising was necessary when Ms Kelly's own figures showed that only 6 per cent of people claimed to have bought a brand under the influence of advertising.

John Ferguson asked whether the OTC market was growing. Ms Kelly said it was now worth £700m with a pharmacy share of around 70-80 per cent. For the last 10 years there had only been inflationary growth — advertising had not grown the market.



Sheila Kelly, PAGB

Group chairman Mike Burden said if pharmacists did not support P brands then companies had to advertise. "If we want more potent compounds to extend our armamentarium then we must make sure they are used."

Health promotion — Is the pharmacist prepared?

The public is not yet convinced that the pharmacy is the right place for health promotion. And in spite of moves in the right direction, pharmacists are at the moment fiddling around the edges of the subject, according to Moss Chemists' managing

director Barry Andrews.

At one level health promotion involves educating patients on the correct use of their medicines — and there is certainly a need. However, many pharmacists do not counsel, said Mr Andrews. This may stem from inadequate personal knowledge, or it may be that they still think that a professional service equates simply to a quick service.

There is a significant job for pharmacists in the primary level of health promotion — action before illness starts — believes Mr Andrews. But unpublished research for the future role has shown that only 7 per cent of consumers sought or expected to receive advice on preventative healthcare from a pharmacy. Either pharmacists have an impossible task to change the public's mind, or they can take the view that the 7 per cent can only increase and that this is a tremendous challenge, said Mr Andrews. Worryingly, pharmacists themselves appear less than convinced that they have an important role to play in health promotion.

What are pharmacists currently doing for health promotion? There is the Pharmacy Healthcare Scheme. Some pharmacists are offering screening services. Dump campaigns are successful, but only spasmodic. The anti-smoking campaign specifically organised through pharmacy has been very successful. Now that there is a wider range of products to recommend there is a greater interest from pharmacists. Is the availability of products a motivating factor?, he wondered.

The teaching of health promotion at undergraduate level is patchy and of the Autumn postgraduate courses only 5 per cent are on health promotion topics. Course organisers do not appear to see health promotion as an important issue at this stage, said Mr Andrews. At the current rate and level of training it could take 15 years for pharmacists to reach an acceptable level of skill.

That is too long to grasp the opportunities currently on offer, he said. And the key question is — Is the pharmacist prepared to do this for nothing? "Are we to depend on the strategic thinker, the one who takes the long term view, the one who does look after his patient's welfare?"

In the debate which followed it was pointed out the subject was part of the pre-registration exam which is being piloted next Summer before being introduced nationally in 1993.

The shortage of good ancillary staff was highlighted. With there being a legal obligation to dispense any prescriptions presented, for health promotion to be effective from pharmacy the focus of work needs to change, it was said.



Barry Andrews, Moss Chemists

Post-Crown Immunity guidelines coming soon

Both the Medicines Control Agency and the Royal Pharmaceutical Society are planning to issue guidelines this year to hospital pharmacists on the law relating to wholesale/manufacturing and "retail sales" following the removal of Crown Immunity from the hospital service in March.

Drummond Forbes, director of pharmacy at Bristol Royal Infirmary, asked whether the abolition of Crown Immunity, had resulted in improved standards, flexibility, and quality of patient care. Might hospital "shop" pharmacies contract to family services health authorities? And he wondered if nurse dispensing could be allowed to continue in the new environment.

Mr Forbes said EC legislation would soon oblige hospitals to drop "basket deals" and force them to take the lowest priced drug offered, regardless of any other linked deals available.

In discussion it emerged that grey areas abounded in the interpretation of the new legal framework. Was it necessary to register a pharmacy if it supplied medicines to outside institutions? And should you then register the entire pharmacy, and if you did, were all prescriptions subject to the Medicines Act? And exactly how did a hospital define what was "in the course of its business"? Was it the business of that particular hospital or the business of hospitals in general?

It was made clear that the pharmacist's professional

judgment was paramount. While the Department's Jon Merrill said pharmacists should take advice but "make your own business decision", Susan Marsh, head of the Society's Law Department, warned pharmacists not to push the boundaries too far in extending "hospital business".

The meeting chairman, Gordon Appelbe, said many of the problems arose because the Medicines Act had not been written with hospitals in mind. And DoH chief pharmaceutical officer Bryan Hartley said many more "unknowns" would creep out of the woodwork.

For the RPSGB, head of the inspectorate Alan Davidson, said that hospitals would recycle unused drugs from both ward trolley stocks, and those for named patients (unlike community pharmacists), because they could be sure that the medicines had been professionally supervised by a pharmacist throughout their entire hospital life.

William Pitkethley asked what benefit would the Society's inspectors be to hospitals when they could not even enforce standards in retail. Susan Marsh said that, although the Society did not possess the ultimate legal sanction it would like, inspectors had considerable expertise and could offer a wide range of advice on standards. Gordon Applebe said it was important to recognise that inspectors could only function effectively with the support of the membership.



Pharmacies a retail failure

The standards in pharmacies are much worse in the Greater London area than anywhere else in the country, maintained Safeway pharmacy superintendent Julian Ashley. Half of them would not meet the minimum requirements of the Guide to Good Dispensing Practice, compared to 5 per cent nationwide, he said.



Julian Ashley, Safeway

During the past 10 years retail pharmacy has gone out of vogue — almost as if the professional and retail elements could not be mixed. This is not so, said Mr Ashley: "The true professional knows where the line is drawn in the professional versus commercial dichotomy and simply does not cross it."

Retailing — the sale or supply of small quantities to consumers — encompasses not only the front shop but also the dispensary. And while pharmacists are certainly engaged in a profession as a means of livelihood, there was no way the retailing component was executed with competence and skill, said Mr Ashley.

A quarter of all pharmacies nationally could be drastically improved in appearance, he maintained. The impression many create is visually confusing — they don't look like somewhere a health professional would be based. Unless Section 66 of the Medicines Act is enacted the only way to raise standards is through the Code of Ethics, said Mr Ashley.

Graeme Millar (PGC chairman) warned that Section 66 could be just as damning to good pharmacies as to bad. Council member Peter Curphey said that if the Society took a hard line then the membership had to be convinced that it was in their interest. "I believe standards should be in the Code of Ethics and that they should be properly enforced," he said.

Julian Ashley said Council had been lax in taking so long to take action over standards. In a commercial operation it would not have been tolerated. David Sharpe, who chaired the session, said that Council is taking active steps to lift standards. "We are not being complacent," he said.

The pharmacist on the FHSA

The pharmacist member of a family health services authority is "a non-executive, shymeric animal who acts in a pulsatile manner and has an efficient expression vector involving site connected mutagenesis," according to Noel Baumber, who had obviously been to the Conference's science sessions.

It was easy to see the role of FHSA pharmacist member in terms of the old family practitioner committee, he said. However, this was not the case. The member had to be an integrator of people and ideas and a communicator.

Mr Baumber quoted the five roles of a non-executive board member put forward at the NAHAT conference:

- The Emperor's clothes — seeing things as they really are and not as they are told to perceive them
- An oil can — tending machinery so it runs smoothly
- The Bank of England — lending a degree of external status
- Father confessor — acting as confidant to the general manager and chairman
- High sheriff — bringing influence to bear if members needed replacing.

In a working context FHSAs are more of an established force than FPCs, he said. They have a primary role as an agency of change while their secondary role, that of the subordinate pay function, was likely to create more primary roles. An

important factor in the future was likely to be the formation of unitary authorities by merging FHSAs and district health authorities.

Mr Baumber's advice to delegates was:

- Know your FHSA
- Know your patch — make contact with contractors
- Relate to DPLOs and community services pharmacists
- Know your own mind and the mind of the FHSA

The FHSA pharmacist member is charged with improving all areas of healthcare and to do so he stands on the shoulders of his colleagues, said Mr Baumber.

Trevor Solomon from Birmingham said that the time taken to be a pharmacist member of the FHSA was underestimated and until deputies were appointed this would continue to be a problem.

Michael Chapman, Somerset FHSA, said he felt some contractors saw the pharmacist member as an advisor. It was important to restrict this and to push for the appointment of more pharmacy advisors.

A number of speakers raised the point that it was important to demonstrate to FHSA general managers the role of community pharmacy.

Ken Rew, chairman of Gwent FHSA, told delegates that he was very conscious of the desperate lack of awareness of the FHSA and what it does, both among contractors and the public.

To license or not to license

Because of the nature of complementary medicines, what they contain and the tests available, it is quite out of place to suggest that they should be regulated in any way, according to Tony Baird, director of the Institute of Complementary Medicine.

There was no point in licensing homoeopathic medicines as there was nothing there to test for, said Mr Baird. The accumulation of knowledge of the effects of herbal preparations was vast. Scientists now had a good idea as to what was dangerous and what was efficacious.

There was one theory in relation to complementary medicines that still puzzled him, he said, and that was such products should be regulated because people are liable to overdose.

During the debate it became clear that there was concern over the labelling of complementary medicines, the import of products from abroad and the training of staff who recommend products in health food shops. However, the general consensus was that licensing was appropriate.

Professor David Phillipson, School of Pharmacy, University of London, said: "Anything that is taken as a medicine and is seen by the public to be a medicine should be licensed and should be looked at independently for its quality and safety." Professor Frank Fish asked why there should be two standards — one for modern medicines which are tested vigorously while complementary medicines are not standardised in any way.

Graeme Millar, chairman of the Pharmaceutical General Council, Scotland, said that pharmacists should be arguing for testing and licensing so that they could put licensed products on their shelves which they could sell with confidence.

Sheila Kelly, of the PAGB, said that a number of Government committees had reviewed the area and found no evidence of problems of safety.

Diagnostics — the future

There is a limited future for pharmacists in providing diagnostic tests under the NHS. Any development in this area is likely to be through private enterprise, argued PSNC secretary Steven Axon.

It is difficult to persuade patients to pay in the pharmacy for something they can often receive free-of-charge in the surgery. And with the emphasis of Government policy moving towards health promotion, targets are being set for GPs which will be extended to testing, he said. The GP route, for the NHS, allows tighter control of costs and can more easily target specific groups.

A welcome development would be a referral system from the surgery to the pharmacy, but that would require a change of heart by doctors, said Mr Axon.

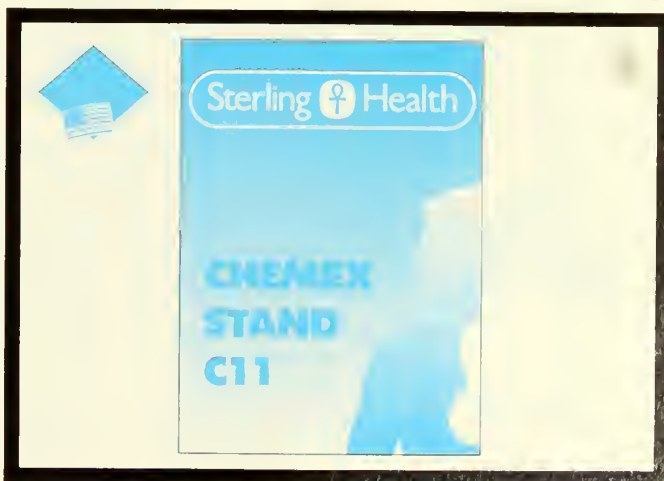
The future development of diagnostic services via the private route will depend on:

- The number of conditions that can be tested for
- The ability of manufacturers to supply self-diagnosis kits
- Public perception of the problem
- The price

Public perceptions will be most relevant in deciding whether a particular diagnostic test will prove successful in a pharmacy, he said. The continuing media hype about

diet and cholesterol accounts for the popularity of cholesterol testing in pharmacies. The pilot study into diabetic screening has been less successful because people are less aware of the problems and the cost.

The monitoring of patients is one of the most exciting developments of the diagnostic role, said Mr Axon. Work is being undertaken by some pharmacists on the feasibility of therapeutic drug monitoring linked with maintenance of a patient's drug therapy within a protocol defined by a GP.



The knowledge and information produced by the human genome project will be the property of all nations but due to variations in technological ability there will be an unequal utilisation of this information, Dr Thomas Caskey told the Conference.

The project to clone and sequence the human genome as an industrial effort was first suggested in 1985. "It was a revolutionary concept that a corporate entity would try to capture the knowledge of man at a sequence level," he said.

The challenge was comparable to putting a man on the moon, explained Dr Caskey, but while scientists working on the space mission knew what was necessary to achieve their aims, in the human genome project, they did not, at the time the project was suggested, have the technology necessary to complete it in the allotted ten to 15 years. However, new and better techniques had evolved and Dr Caskey said he was now confident that the goal could be achieved.

Advances in technology

On the technological side, the development of cloning, DNA sequencing and the use of genetic markers were all important steps, he said. In 1982, genetic linkage markers had demonstrated the feasibility of the human genome project by locating the gene for Huntington's chorea on the short arm portion of chromosome 4. In 1985, the technique of polymerised chain reaction (PCR) enabled the production of synthetic oligonucleotides which were amplified to make the portion of DNA under investigation. Dr Caskey estimated that PCR had accelerated the rate of new knowledge in this area by between ten and 100 times.

The human genome project

"Who owns the human genome?" was the title of this year's Conference Symposium. Dr C. Thomas Caskey, of the Department of Molecular Genetics at the Howard Hughes Medical Centre in Texas, explained the origins and purpose of the human genome project and posed some interesting ethical dilemmas



Dr Thomas Caskey

Other new methods included organic chemical methods to synthesis, DNA in the laboratory, automated sequencing and the development of robotics. Dr Caskey also mentioned the development of a process called YAC (yeast artificial chromosome) cloning. Previously it had only been possible to clone DNA segments in lengths of between 15,000-40,000 base pairs, which meant cloning was a time consuming, step-wise process, he said. The new technique allowed one million bases to be produced as a continuous single segment.

All the mentioned techniques had combined to make the human genome project possible, he said. The Human Gene Organisation (HUGO) had the responsibility of holding together scientists at different centres in many countries ensuring they worked together to the maximum efficiency.

Dr Caskey went on to pose the question, Why do the project? "As a medical geneticist and a physician, my interest in the human genome initiative is in the discovery of human disease genes. I'd like to know the genetic basis of the disorders that cause illness in the children and adults that I care for," he said.

"Those who are more global in their thinking will point out that only when we look will we

discover things that we did not previously know existed," he continued. This may include a greater understanding of the structure of DNA. In addition, it is possible to discover genes at a faster rate than a diagnosis could be made.

"What will the effects be on an individual if he is told that in 20 years time he will develop an incurable condition?"

"We will experience a hundred fold increase in our knowledge base in molecular biology within the next ten to 15 years," he predicted. Although some people may say that the eras of radio isotopes, enzymology or immunology were exciting, Dr Caskey told delegates that this was the most exciting era. "What generation can say that we expect a growth of hundred fold in our knowledge base in ten years?"

The goals of the genome initiative included developing, within the next two to three years, a map of the human genome. This was the equivalent to taking a major road without signposts and being able to identify certain towns as markers, he said. This then ensured that when trying to locate a specific town or village, the investigation could concentrate on a narrower area. The second objective was to develop a physical map of DNA within five years. Whereas the first map would be able to locate towns, this map would be able to identify all curves, elevations, depressions, bridges etc, Dr Caskey explained.

However, the human genome project was not without its controversies, he continued. It was now a fairly easy task to pull out a gene and to sequence it. Some scientists had decided that the gene was what was important and they were targeting their efforts at this area rather than becoming involved in the wider aims. The twist was, he said, that not only could that gene be sequenced it could also be patented. It had been predicted that as many as 10,000 patents a year could be

written which would be in the possession of countries such as the USA, UK and Japan, which had the technological abilities to carry out the work.

Lawyers had undoubtedly thought about this possibility before the scientists, said Dr Caskey, and they may even be the perpetrators of the move. However, he drew some support from past situations where scientists patenting the laser had been unable to think of any medical applications for the technology and had left this area out of the patent.

"What if we say don't patent genes and we are wrong?" he asked delegates. Why shouldn't certain research institutes go out and target the isolation of certain disease genes which would have the most significance for the pharmaceutical industry and leave the human genome project to work through other areas.

Among the advantages of the human genome project was the possibility of producing techniques to rapidly improve the diagnostic accuracy of certain diseases. "We would like the knowledge of genes and the knowledge of disorders to lead to improved health for citizens," said Dr Caskey. The aim would be to prevent the occurrence of many diseases. If the genetic traits which predisposed the individual to a certain condition could be highlighted then the diseases could be prevented or the severity reduced by the early use of medicines or by ensuring a beneficial change in lifestyle.

However, he explained, the diagnostic capacity is ahead of the medical side. There is no problem predicting whether a person is likely to develop a condition, he said, "but what I can not tell you today is that we are going to have the ability to modify the course of that illness. At what point do we apply the new diagnostic tests for these objectives? Is now the right time? Is ever the right time?"

A social dilemma

Dr Caskey ended his presentation by putting a hypothetical situation to Conference, which involved the American system of private health insurance. If a young, fit man in his 20s has relatives who have developed adult polycystic kidney disease, does he want to take a test that will tell him, with 98 per cent accuracy, whether or not he will develop that disease, he asked.

What are the psychological effects on that individual if he discovers that in 20 years time he will have the condition? And wider than that, what will be the effects on his employer who may decide against his promotion or the insurance company who may decide the condition was "prior existing" and therefore his insurance cover is invalid?

"Before we apply the knowledge in society, I think it is important to understand the parameters of society and the willingness of society to accept this knowledge," concluded Dr Caskey.



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Diabetes still to be conquered

Insulin dependent diabetes (type 1) affects some 200,000 people in the UK. Prior to the isolation of insulin in the early 1920s the disease was a death sentence from slow starvation, dehydration, acidosis and coma.

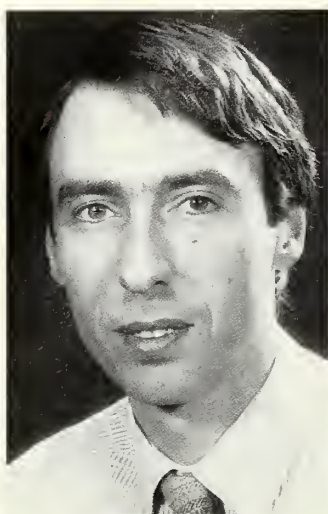
The discovery of insulin, however, did not bring an end to the problems of diabetes since patients were able to survive to experience the complications of the disease, such as blindness, kidney failure, nerve damage and heart disease. Despite insulin the disease has not yet been conquered, said Dr Barnett.

Both genetic and environmental factors are involved in the destruction of the insulin-producing beta cells within the islets of Langerhans of the pancreas. Some environmental insult appears to trigger auto-immune destruction of the cells in people who are genetically susceptible, although the exact mechanism is still not clear.

Use of recombinant DNA technology has shown several genes are involved in diabetes susceptibility, he said, the most important being located within the HLA (class II) region on chromosome 6. This region is concerned with immune defence including presentation of foreign protein (antigen) to the white blood cells (T-lymphocytes) for destruction.

The HLA (class II) genes code for proteins which are present on the surface of certain white blood cells and are essential for the presentation of foreign antigen to T-helper lymphocytes, which in turn activate other white blood cells causing beta cell destruction. Since the HLA (class II) molecules control the activity of the major regulatory T-cells of the immune system, they are likely to play a fundamental role in the pathogenesis of diabetes, said Dr Barnett.

Despite the isolation of insulin in the early 1920s the long term complications of diabetes still have to be conquered, Dr A. Barnett told delegates at the Conference lecture last Friday



Dr A. Barnett

Over the next few years recombinant DNA technology will allow identification of all the major susceptible genes, which in turn will lead to a more complete understanding of the development of diabetes. This should allow identification of all the major susceptible genes, which in turn will lead to a more complete understanding of the development of diabetes. This should allow identification of those at high risk of developing the disease, and effective intervention regimes to prevent it, he predicted.

Once overt diabetes has developed at least 90 per cent of the pancreatic beta cells are already destroyed and

intervention may be too late. Early predictive markers are therefore needed, and so far immune markers have proved most useful. These have included antibodies against pancreatic islet cell components. However, such markers will not identify all at risk individuals, and not everyone with auto-antibodies will develop diabetes. Also auto-antibody tests are not practical for large scale populations since serial screening tests would be required and any one test is of relatively low predictive value.

An alternative approach, said Dr Barnett, is to identify those people in the general population who possess major genetic susceptibility. Within the next few years a more complete knowledge of the genes involved will have been acquired, and it should then be possible to take a single blood sample from the whole childhood population to allow identification of those with a high genetic risk of the disease.

All babies born in the UK already have a heel prick test for diagnosis of other metabolic disorders. If children most susceptible to diabetes could be identified, they could then be followed up at regular intervals for the earliest signs of immune breakdown, he said.

A realistic opinion?

Population screening would only be realistic if a safe and effective preventative therapy could be offered. The best drug to date is cyclosporin, but it is toxic, particularly after prolonged use,

and is not specific enough, said Dr Barnett. The requirements for the ideal preventative agent are that:

- It successfully attenuates auto-immune attack on the beta cell
- It can be taken safely for years
- It deletes beta cell specific clones of T-cells.

Using recombinant DNA technology it should be possible to develop immunologically active agents to neutralise the body's auto-immune attack on the beta cells, for example the use of monoclonal antibodies directed against activated T-lymphocytes. Such approaches have already been used in animal experiments, said Dr Barnett. Antibodies to the HLA (class II) molecules should block antigen presentation and they can prevent early experimental auto-immune diseases.

An alternative approach is the use of various peptides to try and block the cleft between the alpha and beta chains of the class II molecules which are concerned with antigen presentation. Already in animal work pathogenic peptides have been blocked by giving a non-pathogenic self-peptide that competes for a binding site on the HLA molecule.

Other more distant therapies have also been suggested such as the possibility of gene regulation, gene switching and gene manipulation, said Dr Barnett. In the meantime the next decade should provide a greater understanding of the pathogenesis of type 1 diabetes and in particular the immune mediated involvement. This will allow better methods for predicting, preventing and treating the disease — potentially the most important advance since the discovery of insulin 70 years ago.



The line up of speakers at the practice research session last Wednesday (from left to right, back row): Dr Clive Edwards, University of Newcastle upon Tyne; Dr Dai John from the Welsh School of Pharmacy; Mr M. Brandon, of East Anglia RHA's drug information service; and Stephen Hudson, standing in for Laura McIver from the Western General Hospital, Edinburgh; (front row) Ms Ros Batty from North West Thames RHA clinical pharmacy unit; Miss Juliet Roscoe, a preregistration pharmacist at Solihull Hospital; Miss Sarah Turner, University Hospital of Wales; and Ms Mary Tully from the Hope Hospital, Salford. The C&D Award for the best presentation went to Dr Edwards





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Stop squabbling over pharmacy services rendered!

I would like to take issue with Howard & Palmer's managing director Mr Racey's comments justifying their recent start up of a collection and delivery service. First, he said that Howard & Palmer's collection and delivery service was not designed to squeeze out the independent chemists. This is nonsense, as the only reason for setting up such a scheme is to increase prescription volume at the expense of independents!

However, it is the comment that Howard & Palmer were not doing anything new — in that pharmacists already delivered — that I really object to. Of course, any decent pharmacist delivers to those patients who need such a service, and such deliveries have gradually increased over the years. This service, however, is invariably carried out by the pharmacist, not a van driver! What guarantees can Howard & Palmer give for the confidentiality and security of their service? Can Howard & Palmer expect doctors to allow receptionists to hand over scripts for addictive and Controlled Drugs to people they have never seen before? Are Howard & Palmer willing to allow patients to specify a pharmacy other than their own in which to have their prescriptions dispensed, as is their right?

This scheme is, I believe, symptomatic of the way community pharmacy has systematically lowered its image over the years — from leapfrogging, to Boots' attempt to attract nursing homes, and now their planned collection and delivery service. Unless community pharmacy can stop thinking only of short term gain, then the impression among some of the members of allied professions — that community pharmacists are nothing but a bunch of squabbling shopkeepers — must surely be true.

Huw S. Rees
Swansea

RU486 — points for...

Once again, I find myself agreeing with Xrayser in his comment on RU486. The welfare of the patient is paramount — but which patient?

I will not conspire to murder an unborn infant which has had the misfortune to inconvenience its mother by its conception. I only tolerate dispensing PC4 because, in the majority of cases, the likelihood of a successful pregnancy would be small. This does not apply to RU486.

Yes, I definitely agree with Xrayser, the welfare of the patient is paramount.

David Stuart
Stretford, Manchester

...and against Xrayser...

In response to **Topical Reflections** (September 7) on the moral controversy surrounding the use of RU486, I feel compelled to respond.

When I entered this profession, I did so to help maintain the health of the patient, thus promoting life. I believe that life is instigated at the moment of conception, so termination of a viable embryo, at any stage, is the ending of a life. Why, then, should I not be allowed to object to becoming involved in the extinguishing of a life, as are the medical profession within the terms of the Abortion Act.

I do not look with disdain on patients who may have had an abortion, nor would I dream of imposing my morals and beliefs upon someone else, but I expect them not to impose their views upon me. Thus, for reasons of moral and professional conviction, I could never become involved in the dispensing of any drug which would be used to end the life of an unborn child.

Should euthanasia become legalised, would it be our professional obligation to supply drugs when it was known that they would be used for this purpose? I, for one, would never be able to dispense them.

Liaim J. Stapleton
Leeds

Misplaced logic

Surely there is badly misplaced logic in Xrayser's "Crystal Clear" on professional responsibilities. The fundamental principle is to preserve life, not to destroy it. Hence the wisdom of the Royal Pharmaceutical Society, without taking sides in the abortion or non-abortion lobbies, has left it to the moral and professional judgment of the pharmacist.

Mervyn Madge
Plymouth

Right to refuse

I am writing in response to the comments in **Topical Reflections** (September 7) criticising the Society for deciding to endorse a policy allowing pharmacists to refuse to dispense abortifacients.

Xrayser writes that a "crystal clear decision" made upon entering the profession is that the patient comes before your own views and that to refuse to dispense abortifacients is to undermine a "fundamental cornerstone" of the profession.

As a student yet to make this "crystal clear decision", I would say that if it involves dispensing

drugs for abortion or euthanasia then the role of the pharmacist has ceased to be to solely help cure the patient but to end their life for them, if convenient. An even more "fundamental cornerstone" of the profession destroyed.

If pharmacists are to take responsibility for what they dispense, then it is wrong to make an individual supply something they strongly object to.

Had the Society not made the decision it did, then I would have to think twice before joining it. No on should be prevented from practising by exercising their own personal code of ethics.

M.J. Donaghy
Essex

Concerned...

If Xrayser is so concerned about saving his poverty trap patient's money (September 7) why did he dispense sodium rich Gaviscon liquid when she is already receiving bendrofluazide?

Andrew Bond
Glastonbury

Dimetrioise update

We read with interest your **Pharmacy Update** article on endometriosis (last week p378). However, as the article contained a couple of inaccuracies regarding gestrinone, we wish to draw your attention to the fact that gestrinone is no longer in clinical trials, being marketed last year as Dimetrioise. Its licensed dosage is 2.5 mg twice weekly, not 2.5-5mg once weekly.

Hilary A. Doherty
Medical information manager, Roussel

Eco-friendly?

This week Wellcome sent me an 18in by 13in by 2in solid parcel of polystyrene containing Lyclear leaflets! I hope the polystyrene was CFC free! Nelsons sent me a display stand 30in by 6in in a box full of polystyrene. Was this CFC free? What a waste! P.R. Spray is still being advertised for sports use in your own magazine!

The air we breathe becomes unfit and our children are prescribed inhalers full of CFCs (instead of Rotahalers). Have we any manufacturers dealing with this problem please? Are we setting any example to the general public?

P.J. Rose
Credition

NP	NO. OF DAYS TREATMENT N.B. ENSURE THAT DOSE IS STATED	
R	Cloetidine 400mg tablet	
Send 56 tabs		
Label 1 tab Twice daily		
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Any ideas on dispensing the second item?

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As a result of a draw made at Butler Pharmaceutical's trade show, 30 lucky pharmacists won an action day deep in the heart of the Nottinghamshire countryside. Sports pursued included clay pigeon shooting, quads, archer and pilots or moon buggies. Here are some of the winners who were all Numark pharmacists (l to r): Robert Hollingworth, Sarah Unwin, who beat all the men in the archery competition, Gam Amar, Steven Eggleston and Harjeet Munday.

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Fisons plant restrains sales

Fisons half year pre-tax profits are up £5 million to £95.2m with pharmaceutical division profits up 12 per cent to £68.1m.

However, Fisons say that pharmaceutical division sales were held back by UK sterile production plant refurbishments. These were needed in order that US Opticrom and Imferon supplies can meet American requirements.

In the USA Intal sales were up 24 per cent and 15 per cent worldwide, with Opticrom up 17 per cent in Japan.

The nasal formulation of nedocmil sodium, Tilarin, has been approved in Germany 12 months earlier than expected, and designs for multi-centre trial of tipredane, a topical treatment for respiratory inflammatory diseases, is well advanced.

Overall, turnover was up £8.1m to £591m for the half year with an interim dividend of 3.3p per share.

Slow retail recovery

Verdict on Retailing 1995 forecasts a slow recovery in consumer demand which will take some time to catch up with rising operating costs.

Occupancy and labour costs can represent three quarters of a typical High Street retailer's total costs. Verdict estimate that 1991-92 will see retailers' operating costs rising by around 9 per cent. This is more than double forecast sales growth for the next twelve months or so and suggests further erosion of profit margins. The report suggests that even rising retail sales growth (forecast to be 7.2 per cent in 1994 and 8.1 per cent in 1995) will still lag behind cost inflation.

Smaller companies singled out as having excellent growth prospect are Lloyds Chemists and T & S Stores. Numerous takeovers and rapid organic growth have propelled Lloyds to over 900 outlets and the number two position in both the chemist and drugstore sectors.

Retailing sales overall were worth £129 billion in 1990. This was 46.6 per cent above the figure for 1985. Verdict are expecting much slower growth over the next five years. Retail turnover will be worth £170 million by 1995, a rise of 31.8 per cent.

"Verdict on Retailing 1995". Verdict Research Ltd, 112 High Holborn, London WC1V 6JS — price £950. Tel: 071-404 5042.

Medicopharma ready to sell?

Pharmaceutical wholesalers Medicopharma are ready to sell off part of Macarthy Wholesale, which they acquired last year, according to reports in the Dutch newspaper *De Telegraaf* last weekend. The paper cites the company's poor financial position as the reason for a sale.

Negotiations with several European companies are underway, the paper reports. Medicopharma postponed publication of its results for the first half of the year because of problems with its American subsidiary Pennex. Heavy losses of several tens of millions of guilders are predicted by insiders.

Analysts blame the company's severe financial difficulties on an ambitious takeover policy led by

chairman S.J. Fontein. Medicopharma's bank, the ABN AMRO, are reported to have placed the company in a "special management category". Guarantees given to third parties during the takeovers of Butlers and Macarthy last year appear to have cost over £9.2 million, claims *De Telegraaf*.

A cooling in relations with McKesson, the world's largest pharmaceutical wholesaler based in the US, is also reported. McKesson hold a 10 per cent stake in Medicopharma, and it was originally planned that the Macarthy takeover would be a joint operation. However the option was not taken up. The paper tips Medicopharma as a possible take over target.

Medeva buys boost interim profits

Medeva pre-tax profits have jumped by £3.5m to £4.02m in the first half of 1991 following the acquisition of US-based MD Pharmaceuticals, whose results were included from April 1.

Turnover in the same period rose by 64 per cent to £33.2m and includes the contribution from Thomas Kerfoot, who were acquired in July last year. Also included were sales from the Wellcome vaccine products that were acquired in January, and those Smithkline Beecham products purchased late last year (Normax and Dexedrine).

The company says the rationalisation of the Evans-Kerfoot generics business has been completed six months ahead of schedule.

Glaxo pre-tax profits up 7pc

Glaxo full year results show turnover up 7 per cent to £3,397 million with Zantac sales of £1.606m accounting for 47 per cent of that. Pre-tax profits were up 9 per cent to £1.283m. Glaxo say the underlying turnover growth was 16 per cent, and that of the trading

profit 12 per cent compared with its actual 6 per cent increase to £1,104m.

Zantac apart, respiratory products accounted for pharmaceutical sales of £775m with systemic antibiotics advancing to £608m and Zinnat to £206m. In its first year Zofran produced £78m of sales in its sector. Glaxo are pinning future hopes on this drug. Other launches include Serevent in the UK and Imigran, a migraine treatment, in the Netherlands.

During the year capital expenditure was £621m and

tangible fixed assets grew 29 per cent to £2,081m. Earnings per ordinary share increased by 13 per cent to 60.8p while share dividends went up 27 per cent to 28p.

Chairman Sir Paul Girolami said: "Of particular importance this year has been the introductions into the market of the first of the new compounds which have been under development for a number of years. These introductions mark the beginning of a new cycle of growth."

Expenditure on research and development went up £55m to £475m.

Sales up 7pc to £3,397m

Pre-tax profits up 9pc to £1,104m

Earning per share up 13pc to 60.8p

Dividend per share 28p



East Anglian Pharmaceuticals held their annual chemist tradeshow recently at the Hotel Norwich. Pictured are Jonathan Briggs (right), EAP managing director, presenting Lowestoft pharmacist Mr Scarborough with £500 worth of travel vouchers won in the raffle

Booker small rise in profits

Booker pre-tax profits are up just £1.7m to £37.8m for the half-year to June 30, and following the sale of all their retail businesses, including Holland & Barrett and Kingswood Chemists.

Group turnover stood at £1,538.8m, up £312.8m (excluding turnover for the businesses sold of (£24.4m), with health product division sales down £1.2m to £49.7m.

The interim dividend went up 0.25p to 7.5p with chief executive Jonathan Taylor commenting: "We have increased profits in a difficult period. Gearing has been brought down, costs have been reduced, and we are well positioned for growth when economic conditions improve."

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ZOVIRAX cream European Patent (UK) No. 0 044 533 covers the particular formulation

ZYLORIC 300 mg tablets UK Patent No. 1 445 983 covers the particular formulation

ACCORDINGLY, ACTION WILL BE TAKEN IN THE COURTS against any party found to be trading in these goods originating from Spain or Portugal. Proceedings have been commenced against several parties, including applications for appropriate injunctions against the continuation of such activities.

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Records rules

The Minister for Corporate Affairs has signed Regulations (operative November 1) laying down new rules for the inspection and copying of the records and registers which companies are obliged by law to keep and make available to shareholders and the public. The Regulations cover the days on which company records must be available for inspection; the minimum period each day that the records must be available for inspection; the extent to which companies are obliged to present their records in a form convenient to those wishing to inspect or copy them; and the maximum fees which companies may charge for the inspection and copying of their records.

Eylure Nobel

Following the full integration of Eylure Nobel into Nobel Consumer Goods, the company will change its name to Nobel Consumer Goods Ltd from September 30. Brands marketed in the UK include Aapri, Denivit, Malibu, Nulon, Ten-O-Six, Silkience, Pierre Cardin and Tabac Original. The new address is: Nobel Consumer Goods Ltd, 22-23 Westmead, Swindon, Wilts SN5 7SZ. Tel: 0793 513600.

NAPD now BAPW

The previously announced name change of the National Association of Pharmaceutical Distributors to the British Association of Pharmaceutical Wholesalers, is now in force. The BAPW says the new name, made in the 25th anniversary year of the Association, more accurately reflects the role carried out by the 21 members. An amended code of practice is also launched which "clearly demonstrates BAPW member's dedication to maintaining the quality of pharmaceutical products".

Kingfisher flat

Kingfisher turned in pedestrian interim results, with turnover up just 4.7 per cent to £62.5 million. Results for the company's Superdrug subsidiary was in line with these figures, with sales up 5 per cent to £261m and operating profits static on £12.5m.

Macarthy shares go to Lloyds as offer extended

Lloyds Chemists have extended their offer for Macarthy shares to September 27 following significant take up of their first offer.

By close of trading on September 13, Lloyds had received valid acceptances in respect of: 12,286,947 ordinary shares (representing 44.6 per cent of total stock), 298,742 5.5 per cent preference shares (72.2 per cent), and 114,328 6 per cent preference shares (42.9 per cent). These acceptances include the irrevocable undertaking from John

Govett & Co Ltd, to accept the offer on behalf of a client in respect of 4,620,000 Macarthy ordinary shares (16.8 per cent).

Centurion Investments (1991) Ltd, deemed to be acting in concert with Lloyds in the takeover bid, have so far purchased 1,724,526 Macarthy ordinary shares (6.3 per cent) since the original offer was made. As of September 13, none of these shares has assented to the offer.

Allen Lloyd, chairman and chief executive said: "I am delighted by the response of Macarthy shareholders to our recommended offers. I would urge those shareholders who have not already done so to accept our offers as soon as possible."

There was no further news on the possible referral of the Lloyd's bid to the Monopolies and Mergers Commission as C&D closed for Press on Wednesday.

N&P interim pre-tax profits up

Nurding & Peacock pre-tax profits of £6.9m for the six months to June 30 are 4.8 per cent up on last year with sales 7.4 per cent up to £647m for the same period.

The company has opened three branches this year at Chester, Blackpool and Sheffield, taking the overall total to 43, and plans to open three more in 1992 — two in Leeds and Manchester, continuing the company's northward expansion, and one in Brighton, to replace the existing branch.

The company will pay an interim dividend of 1.96p per share, with earnings per share up 3.7 per cent, and profit after tax up 4.6 per cent to £4.7m. Chairman Richard Fulford comments: "This is a very satisfactory performance during a recessionary period which continues to bear heavily on both our retail and wholesale customers."

LIG to lose up to 650 rubber glove jobs

London International Group are to cease production of rubber gloves at their Chingford plant, and to reduce throughput at their Llanelli factory, with the loss of up to 650 jobs overall.

Prime production will be concentrated at a dedicated manufacturing site in Malaysia, says chairman Alan Woltz, in the long-term interests of the group. "Regrettably, this restructure may involve up to 350 job losses at Chingford and up to 300 at Llanelli among both management and operational staff over the next six months."

The operation will cost the company around £11m after tax relief. UK production of Durex condoms at Chingford and health and personal care products at Dundee, will be unaffected, the company says.

LIG say they will continue to invest in their remaining UK manufacturing facilities and are offering a full support package to those made redundant along with payments.

Coming events

Continuing education

Continuing education courses for pharmacists in the North West Thames and Oxford Regions begin again on October 20 with a course on health screening for health promotion led by Dr Terry Maguire. The venue is the Holiday Inn Hotel, Heathrow Airport.

On October 29, the topic will be the community pharmacist's responses to PACT — advising GPs about their prescribing, at the Forte Post House Hotel, South Mimms, 2.30-7.30pm.

For details about either course contact Claire Anderson on 0865 742277 ext 27177.

Mavala one day courses

Mavala are running a series of one-day product knowledge training courses for stockists, to be held at the Mavala manicure school in Sevenoaks.

The sessions will be held on September 24, October 30, and November 18, from 10am-4pm. For details contact Mavala's head office on 0732 459412.

Tuesday, September 24

Leicestershire Branch, RPSGB. Fletcher Suite, Fletcher Building, Leicester Polytechnic, 7.30 for 8pm. Ceilidh. Contact Malcolm Qualie.

Thursday, September 26

Somerset Branch, RPSGB. Postgraduate Medical Centre, Musgrove Park Hospital, Taunton, 7.15 for 8pm. "Formularies" by Dr Mike Martin.

Advance information

Cardiology 91. International cardiology conference and exhibition, Queen Elizabeth II Conference Centre, London, **October 21-25.** Details from Cathryn Stokes, *British Journal of Hospital Medicine*, Croxted Mews, 288 Croxted Road, London SE24 9DA.

Denny Bros Printing Ltd. Pharmaceutical workshop to cover OTC drugs, OPD and EEC draft directive 89/341, Bury St Edmunds, **October 22.** Details from Jay Miller on 0284 701381.

Loughborough University Training Group. "Principles and applications of capillary electrophoresis". Loughborough University, **October 22.** Details on 0509 222175.

Smoking cessation workshop

The Pharmacy Smoking Cessation Training Project has been developed by the NPA in association with Lundbeck, manufacturers of Nicorette, to help pharmacists counsel customers.

There will be a free workshop on Tuesday September 24, from 7-10pm, at the Holiday Inn, Langley, Buckinghamshire. It will be run by Dr Chris Steele, a Manchester GP and Allen Norris, a psychologist from Birmingham, both experts in the field of smoking cessation. For details contact Kathy Whelan on 0582 416565.



Pharmacists Mr & Mrs Lindeque from Night and Day pharmacy in Tolworth, Surrey, won 50 per cent off a John Richardson Computer PoS system at the Neighbourhood Retailing Exhibition at Wemhley last week. Pictured with them at the JRC exhibition stand is Phil Robinson, EPOS sales executive.

Classified

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ANNOUNCEMENTS



MMC INVITES EVIDENCE AND VIEWS ON THE PROPOSED ACQUISITION BY UNICHEM PLC OF MACARTHY PLC

The Monopolies and Mergers Commission is inquiring into the proposed acquisition by Unichem plc of Macarthy plc, to determine whether such an acquisition might operate against the public interest.

The Commission would like to hear from those who have views on the proposed acquisition, or information which could help with the inquiry. They should write as soon as possible to: The Reference Secretary (Unichem/Macarthy), Monopolies and Mergers Commission, New Court, 48 Carey Street, London WC2A 2JT.

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1055493	ERASMIC	Deodorants
209869	ERASMIC	Chemical substances prepared for use in medicine and pharmacy. **Specification converted under Rule 6 to Schedule IV: Class 3: medicated soap, dry soap (being common soap), detergents (not being polishing or abrading preparations for laundry purposes, perfumes, cosmetics, toilet creams, toilet lotions, toilet oils, toilet essences, toilet preparations for the hair, toilet preparations for the teeth and for artificial dentures, toilet powders, toilet waters, toilet preparations for the eyebrows, manicure toilet preparations, mouth-washes (toilet articles not medicated), perfumed sachets, and depilatory preparations being toilet articles. This registration is amalgamated upon conversion (& striking out of goods) with Registrations Nos. 209870 & 20987 which cease to have effect as separate registrations.
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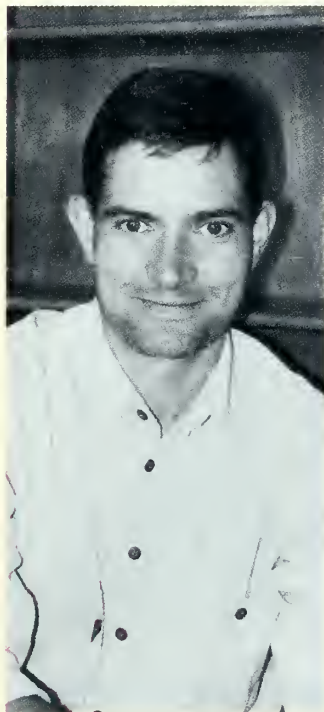
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About people



From Hull to Jakarta for Rogerson

Pharmacist Alan Rogerson will shortly be exchanging the familiar surroundings of the pharmaceutical development laboratories of Reckitt & Colman for the unknown thrills of Jakarta in Indonesia.

Dr Rogerson, a Strathclyde graduate, worked in California before joining Reckitt & Colman in Hull. However, his new position, assistant director of education for the British Council in Jakarta, is a move away from pharmacy.

The job involves administering overseas development money and screening students planning to study in the UK to ensure they have the necessary qualifications and that the course they have applied for is what they require. Advising on how to train Indonesian science and engineering teachers and finding appropriate courses for the in-service training of professionals is also part of the job.

Dr Rogerson told *C&D* he saw the job advertised in *New Scientist* although for no specific country. Many interviews and tests later he learned he was successful but has only been given eight weeks notice that the destination for himself and wife Elaine is Jakarta.

Does anyone know the Indonesian for "All the best"?



The *Chemist & Druggist* Award for the best paper presented at the Practice Research Session was won this year by Dr Clive Edwards of the Wolfson Unit, University of Newcastle (co-workers D. Metcalfe, K. Watson, and T.D. van. Zwanenberg. Pictured here is a colleague of Dr Edwards, Dr Sally Tonge, Boots teacher practitioner at Sunderland Polytechnic, receiving the Silver Medal and cheque for £200 from the president, David Coleman. (The paper is part of work for an awarded jointly by the Wolfson and Sunderland).

Snuffle Babe joins Snowfire Chap in Pickles' stable

J. Pickles & Sons have purchased a second racehorse, a three year old gelding who has been named Snuffle Babe. Sired by Orchestra, he is expected to race for the first time next Spring.

Snuffle Babe will join eight-year old veteran Snowfire Chap at trainer Mary Reveley's North Yorkshire yard.

Snowfire Chap will start his

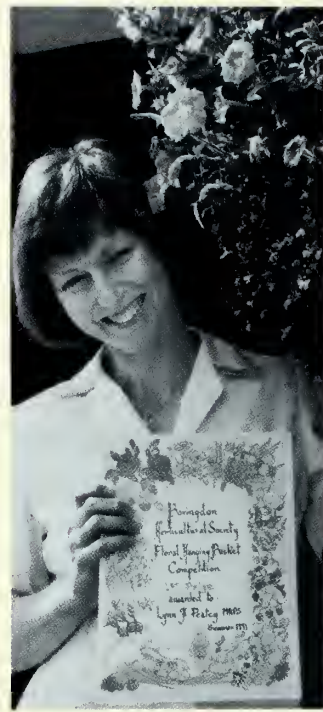
chasing campaign in October. Last season he had four wins, three seconds and a third in just nine races.

Managing director Simon Horner says: "If he can keep that record up, we will have a wonderful season. And, unlike some racehorses, I can promise you Snowfire Chap will always be trying."

Deaths

Professor Blodwen Lloyd Binns. Died recently aged 90. She lectured in the Department of Pharmacy of the University of Strathclyde from 1926-62. *Dr Mary Dawson writes:* "Her lectures will be remembered as models of 'how it should be done' — ordered, accurately timed and delivered with obvious enthusiasm. Her research included geology and physics, but later concentrated on marine biology, in connection with which she spent a year at Wood's Hole in the USA. During the war she was seconded to the Ministry of Labour to handle the placement of women to allow release of men to the services.

"In 1951 she made a trip up the Amazon, shortly afterwards marrying Captain Binns, a man with a distinguished war record. After his death she went to Malawi, there setting up a university department and carrying out an economic survey of plants. This visit took seven years and culminated in a book on the native flora in 1972. Thereafter she returned to the University of Strathclyde to work on the Scouler Herbarium, an extensive collection made in the last century which had fallen into disrepair. She will be remembered with respect and affection by many generations of students."



Picture courtesy the Watford Observer

Floral winner

Pharmacist Lynn Peatey won first prize of a bottle of champagne in the Bovingdon Horticultural Society's flower hanging basket competition, although she modestly describes the basket outside her pharmacy as "nothing special". Around 50 of the locals entered the annual competition this year. "It's a big thing in the village and creates quite a stir," says Lynn.

APPOINTMENTS

Cussons UK have appointed **Barry Hignett** as their first logistics director.

The recent change in name of Nicholas Laboratories to Sara Lee Household & Personal Care UK Ltd has been followed by three new appointments. **Euan Venters** has joined as marketing director, toiletries and household products. **Jeff Watson** has been appointed commercial director, and **Lindsay Cooke** becomes director of the household and personal care products.

AAH Pharmaceuticals have appointed **David Graham** of Carlisle to the position of sales representative for LINK Pharmacy Systems.

Tim Yates has been appointed marketing director, Braun UK Ltd, and **Karl Uggerholt** also joins the company as financial controller.

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